



# Truro Select Board

Tuesday, February 25, 2020

Regular 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 NONE

## 3. BOARD/COMMITTEE/COMMISSION APPOINTMENTS

- A. Interview and Appoint Carol Girard-Irwin for one Vacancy on the Conservation Commission

## 4. TABLED ITEMS NONE

## 5. SELECT BOARD ACTION

- A. Sign Order of Taking-Walsh Property  
Presenter: Rae Ann Palmer, Town Manager and Attorney Katharine Klein of KP Law
- B. Use of Dennis Gift Funds  
Presenter: Rae Ann Palmer, Town Manager
- C. Discussion of the Hands-Free Use of Mobile Telephones While Driving Law  
Presenter: Police Chief Jamie Calise
- D. Referral of Zoning Bylaw Amendments from the Planning Board  
Presenter: Rae Ann Palmer, Town Manager
- E. Present FY21 Budget  
Presenter: Rae Ann Palmer, Town Manager
- F. Preliminary Warrant Article List for Annual Town Meeting  
Presenter: Rae Ann Palmer, Town Manager
- G. Annual Town Report Cover and Theme  
Presenter: Jan Worthington, Chair

## 6. CONSENT AGENDA

- A. Review/Approve and Authorize Signature:
  - 1. None
- B. Review and Approval of the 2020 Seasonal Licenses: Highland Links Café, Terra Luna Restaurant, Whitman House Restaurant (Common Victualer) and Jobi Pottery (Transient Vendor)
- C. Review and Approve Select Board Minutes-February 3, 2020 Budget Task Force

## 7. SELECT BOARD REPORTS/COMMENTS

## 8. TOWN MANAGER REPORT

## 9. NEXT MEETING AGENDA: March 10 and March 24



# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Nicole Tudor, Executive Assistant

**REQUESTED MEETING DATE:** February 25, 2020

**ITEM:** Application to Serve for an Appointment on the Conservation Commission.

**EXPLANATION:** Carol Girard-Irwin submitted an Application to Serve for the Conservation Commission for the remaining full member vacancy. The Chair, Jack McMahon, endorsed the appointment.

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

**IMPACT IF NOT APPROVED:** The Conservation Commission would not have a full panel of members.

**SUGGESTED ACTION:** *Motion to appoint Carol Girard-Irwin to the Conservation Commission for a three-year term expiring June 30, 2022.*

**ATTACHMENTS:**

1. Application to Serve-Carol Girard-Irwin

JAN 24 2020



# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

RCVD 2020FEB4 AM3101

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

ADMINISTRATIVE OFFICE  
TOWN OF TRURO

NAME: CAROL GIRARD-TRWIN HOME TELEPHONE: [REDACTED]

ADDRESS: 10 FAIR WINDS PASSAGE WORK PHONE: N/A

MAILING ADDRESS: PO Box 2006 E-MAIL: [REDACTED]

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

SPECIAL QUALIFICATIONS OR INTEREST: I retired from New Jersey Division of Fish and Wildlife after 25 years of service. I worked as a Communication Officer for law enforcement. My interests are in conservation of land, wild animals and natural resources.

COMMENTS: I am a new permanent Resident in Truro as of July 2019. If any of my background is helpful to the Conservation Commission I have the time to commit.

SIGNATURE: Carol Girard-Trwin DATE: 01-23-2020

\*\*\*\*\*

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

ENTHUSIASTIC, QUALIFIED CANDIDATE WHO APPEARS TO BE A GOOD FIT FOR THIS COMMISSION

SIGNATURE: Julie McNamee DATE: 1/3/20

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

10



# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Administration

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

**REQUESTED MEETING DATE:** February 25, 2020

**ITEM:** Sign Order of Taking-Walsh Property

**EXPLANATION:** At the April 30, 2019 Annual Town Meeting, voters authorized the Truro Select Board to acquire the 69.9 acre Walsh property. At the May 14, 2019 Annual Town Election, voters approved a Proposition 2 ½ debt exclusion for this acquisition. A purchase and sale agreement was signed with a purchase price of \$5,100,000. The Truro Conservation Trust is contributing \$500,000 of this sum, reducing the Town share to \$4,600,000.

A title issue arose related to an un-probated estate of one of the owners. The parties have agreed to a “friendly” taking by the Town so the acquisition may go forward. The Town will acquire all of the property, however, approximately \$500,000 of the purchase price will be held in escrow, pending probate of the estate of the deceased owner. When the probate is complete, the escrowed funds will be distributed to those persons who are the rightful heirs of the deceased owner.

To complete the acquisition, the Board must sign the Order of Taking. The closing is scheduled for Thursday, February 27, 2020.

**FINANCIAL SOURCE (IF APPLICABLE):** Walsh property acquisition BAN (Bond Anticipation Note) proceeds received June 24, 2019, as approved at May 14, 2019 Annual Town Election.

**IMPACT IF NOT APPROVED:** The Town will not acquire the Walsh property at this time. Moreover, the Town will pay a penalty on the BAN proceeds if the closing does not take place within a year of the borrowing.

**SUGGESTED ACTION:** *MOTION: I move that the Select Board vote to execute the Order of Taking for the Walsh property.*





# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Administration

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

**REQUESTED MEETING DATE:** February 25, 2020

**ITEM:** Use of Dennis Gift Funds

**EXPLANATION:** As part of court ordered mediation with the Dennis family in 2016, the result included a gift from the Dennis family in the amount of \$2,532,000 to be donated over the course of 10 years. The current balance of the Dennis Gift Fund Account is \$1,032,000. In anticipation of acquiring the Walsh property and the impact of the acquisition on the FY2021 budget, staff suggested use of the Dennis gift to offset the debt service on the Walsh property. Chair Worthington requested that an opportunity for a discussion regarding the use of the Dennis Gift funds be included on the agenda. The proposed amount to be used in the 2021 budget is \$124,550.

**FINANCIAL SOURCE (IF APPLICABLE):** Dennis Family Gift Account

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

**SUGGESTED ACTION:** *MOTION TO utilize funds from the Dennis gift to pay the debt service on the Walsh Property Acquisition.*

**ATTACHMENTS:** None



# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Police

**REQUESTOR:** Chief of Police Jamie Calise

**REQUESTED MEETING DATE:** February 25, 2020

**ITEM:** Discussion of the Hands-Free Use of Mobile Telephones While Driving

**EXPLANATION:** The Hands-Free Law, (Bill H.4203) is an Act requiring the hands-free use of electronic devices while driving. It was passed on November 18, 2019 and will take effect February 23, 2020. Massachusetts law will prohibit operators of motor vehicles from using any electronic devices, including mobile telephones, unless the device is used in hands-free mode.

Discussion of:

1. Legal requirements;
2. Exceptions to the law;
3. Age-specific requirements;
4. Penalties; and
5. Enforcement.

**IMPACT IF NOT APPROVED:**

**SUGGESTED ACTION:** Discussion only

**ATTACHMENTS:**

1. Bill H203
2. Hands-Free While Driving Campaign

# HOUSE . . . . . No. 4203

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## The Commonwealth of Massachusetts

The committee of conference on the disagreeing votes of the two branches with reference to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2250) of the House Bill requiring the hands-free use of mobile telephones while driving (House, No. 3793, amended), reports recommending passage of the accompanying bill (House, No. 4203) November 18, 2019.

William M. Straus	Joseph A. Boncore
Joseph F. Wagner	William N. Brownsberger
Timothy R. Whelan	Dean A. Tran

# HOUSE . . . . . No. 4203

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## The Commonwealth of Massachusetts

\_\_\_\_\_  
In the One Hundred and Ninety-First General Court  
(2019-2020)  
\_\_\_\_\_

An Act requiring the hands-free use of mobile telephones while driving.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Section 1 of chapter 90 of the General Laws, as appearing in the 2018  
2   Official Edition, is hereby amended by inserting after the definition of “Hands-free mobile  
3   telephone” the following definition:-

4           “Hands-free mode”, operation of a mobile electronic device by which a user engages in a  
5   voice communication or receives audio without touching or holding the device; provided,  
6   however, that a mobile electronic device may require a single tap or swipe to activate, deactivate  
7   or initiate the hands-free mode feature.

8           SECTION 2. Section 7B of said chapter 90, as so appearing, is hereby amended by  
9   striking out, in line 172, the word “telephone” and inserting in place thereof the following  
10   words:- electronic device.

11          SECTION 3. Section 8M of said chapter 90, as so appearing, is hereby amended by  
12   inserting after the word “shall”, in line 1, the following words:- hold in their hand or.

13           SECTION 4. Said section 8M of said chapter 90, as so appearing, is hereby further  
14 amended by inserting after the word “travel”, in line 6, the following words:- by a motor vehicle  
15 or bicycle.

16           SECTION 5. Said section 8M of said chapter 90, as so appearing, is hereby further  
17 amended by striking out the fourth paragraph and inserting in place thereof the following  
18 paragraph:-

19           A first or second offense under this section shall not be a surchargeable incident under  
20 section 113B of chapter 175 or under a motor vehicle liability policy as defined in section 34A  
21 that is issued pursuant to said chapter 175; provided, however, that a third or subsequent offense  
22 under this section shall be a surchargeable incident under said section 113B of said chapter 175  
23 or under a motor vehicle liability policy as defined in said section 34A that is issued pursuant to  
24 said chapter 175.

25           SECTION 6. The second paragraph of subsection (a) of section 12A of said chapter 90,  
26 as so appearing, is hereby amended by striking out the second sentence and inserting in place  
27 thereof the following sentence:- A violation of this section occurring on a way intended for  
28 motor vehicles shall be a surchargeable incident under section 113B of chapter 175 or under a  
29 motor vehicle liability policy as defined in section 34A that is issued pursuant to said chapter  
30 175.

31           SECTION 7. Section 13 of said chapter 90, as so appearing, is hereby amended by  
32 striking out, in line 4, the word “operator” and inserting in place thereof the following word:-  
33 operated.

SECTION 8. Said section 13 of said chapter 90, as so appearing, is hereby further amended by striking out, in line 6, the word “telephone” and inserting in place thereof the following words:- electronic device.

SECTION 9. Said chapter 90 is hereby further amended by striking out section 13B, as so appearing, and inserting in place thereof the following section:-

Section 13B. (a) No operator of a motor vehicle shall hold a mobile electronic device. No operator of a motor vehicle shall use a mobile electronic device unless the device is being used in hands-free mode. No operator of a motor vehicle shall read or view text, images or video displayed on a mobile electronic device; provided, however, that an operator may view a map generated by a navigation system or application on a mobile electronic device that is mounted on or affixed to a vehicle’s windshield, dashboard or center console in a manner that does not impede the operation of the motor vehicle. For the purposes of this section, an operator shall not be considered to be operating a motor vehicle if the vehicle is stationary and not located in a part of the public way intended for travel by a motor vehicle or bicycle.

(b) Evidence that the use of a mobile electronic device was in response to an emergency shall be an affirmative defense to an alleged violation of this section. For the purposes of this section, an emergency shall mean that the operator needed to report that: (i) the vehicle was disabled; (ii) medical attention or assistance was required; (iii) police intervention, fire department or other emergency services were necessary for the personal safety of the operator or a passenger or to otherwise ensure the safety of the public; or (iv) a disabled vehicle or an accident was present on a roadway.

(c) This section shall not apply to public safety personnel or emergency first responders using a mobile electronic device while operating an emergency services vehicle and engaged in the performance of their duties.

(d) A violation of this section shall be punishable by a fine of \$100 for a first offense, by a fine of \$250 for a second offense and by a fine of \$500 for a third or subsequent offense. In addition to any fines pursuant to this subsection, an operator who commits a second or subsequent offense under this section or section 8M shall be required to complete a program selected by the registrar of motor vehicles that encourages a change in driver behavior and attitude about distracted driving. Nothing in this subsection shall authorize the seizure or forfeiture of a hands-free mobile telephone or a mobile electronic device.

(e) A first or second offense under this section or section 8M shall not be a surchargeable incident under section 113B of chapter 175 or under a motor vehicle liability policy as defined in section 34A that is issued pursuant to said chapter 175; provided, however, that a third or subsequent offense under this section or section 8M shall be a surchargeable incident under said section 113B of said chapter 175 or under a motor vehicle liability policy as defined in said section 34A that is issued pursuant to said chapter 175.

SECTION 10. Said chapter 90 is hereby further amended by adding the following section:-

Section 63.

(a) The registry of motor vehicles shall collect data from any issued Massachusetts Uniform Citation regarding the following information: (i) identifying characteristics of the individuals who receive a warning or citation or who are arrested, including the age, race and

gender of the individual; (ii) the traffic infraction; (iii) the date and time of the offense and the municipality in which the offense was committed; (iv) whether a search was initiated as a result of the stop; and (v) whether the stop resulted in a warning, citation or arrest. The registry of motor vehicles shall maintain statistical information on the data required by this section and shall report that information annually to the secretary of public safety and security.

(b) Data or information collected, transmitted or received under this section shall be used only for statistical purposes and shall not contain information that may reveal the identity of any individual who is stopped or any law enforcement officer.

(c) The secretary of public safety and security shall maintain a standardized process to facilitate data collection for law enforcement agencies and procedures for law enforcement officials to collect data under this section. The failure of a law enforcement officer to collect such data shall not affect the validity of the underlying stop.

(d) Annually, the secretary of public safety and security shall transmit the necessary data collected by the registry of motor vehicles to a university, non-profit organization or institution, whether private or public, in the commonwealth with experience in the analysis of such data for annual preparation of an analysis and report of its findings. Upon receipt, the secretary shall immediately make the annual analysis and report, including any aggregate analysis of the data, publicly available by publishing such annual analysis and report online and shall transmit a copy of such annual analysis and report to the attorney general, the department of state police, the Massachusetts Chiefs of Police Association Incorporated, and the clerks of the house of representatives and the senate. The secretary shall, in consultation with the attorney general, if such annual analysis and report suggest that a law enforcement agency appears to have engaged



in racial or gender profiling: (i) require the law enforcement agency for a period of 1 year to collect information, including the reason for the stop, in addition to the other information already required under the Massachusetts Uniform Citation, on all traffic stops, including those not resulting in a warning, citation or arrest; and (ii) mandate implicit bias training using best practices.

(e) Notwithstanding any general or special law to the contrary, data collected, transmitted or received pursuant to subsections (a) and (d) shall be stored in a properly secured system in a cryptographically encrypted form and shall only be provided upon the execution of a written confidentiality agreement with the secretary of public safety and security that is protective of privacy and prohibits the further distribution of the data; provided, however, that nothing in the confidentiality agreement shall prohibit the publication of aggregate analysis of the data. Unencrypted data shall not be accessed, copied or otherwise communicated without the active concurrence and the express written approval of the secretary. Any processing of the data collected or received pursuant to this section shall only result in aggregated information that does not reveal the identity of any person or law enforcement officer.

(f) The secretary of public safety and security shall publish an annual public report, derived from the data used for the annual analysis and report prepared under subsection (d), containing aggregate numbers, listed by municipality and law enforcement agency, for the information categories identified in subsection (a); provided, however, that data concerning age shall be aggregated into categories for persons aged 29 and younger and aged 30 and older; provided further, that data concerning time of day shall be aggregated into categories for offenses committed from 12:01 am to 6:00 am, from 6:01 am to 12:00 pm, from 12:01 pm to 6:00 pm and from 6:01 pm to 12:00 am. The secretary shall take reasonable steps to ensure that

122 any information in the report cannot be used, directly or indirectly, either alone or together with  
123 other information, to identify or derive information about any stop made by a particular law  
124 enforcement officer or any individual involved in a stop made by a law enforcement officer. The  
125 secretary shall make the information contained in the report available to the public online in  
126 machine readable format.

127 (g) Not later than 30 days following the date on which the annual analysis and report  
128 under subsection (d) is received by the secretary of public safety and security, the secretary shall  
129 hold not fewer than 3 public hearings in different regions of the commonwealth to present the  
130 annual analysis and report and to accept public testimony regarding the report. The executive  
131 office of public safety and security shall provide the public with not less than 14 days prior  
132 notice of each hearing by publishing the hearing date on the executive office's website and any  
133 official social media accounts and by providing written notice to the joint committee on public  
134 safety and security, the joint committee on the judiciary and the clerks of the house of  
135 representatives and the senate.

136 SECTION 11. Section 2A of chapter 90C of the General Laws, as appearing in the 2018  
137 Official Edition, is hereby amended by striking out, in line 8, the words "chapter 228 of the acts  
138 of 2000" and inserting in place thereof the following words:- section 63 of chapter 90.

139 SECTION 12. Sections 8 to 10, inclusive, of chapter 228 of the acts of 2000 are hereby  
140 repealed.

141 SECTION 13. Chapter 155 of the acts of 2010 is hereby amended by striking out section  
142 14 and inserting in place thereof the following section:-

Section 14. The registrar of motor vehicles, in cooperation with the highway safety division, the department of elementary and secondary education, the department of higher education and municipal law enforcement, shall develop and implement an annual public awareness campaign for junior and adult operators. The campaign shall include, but not be limited to, the dangers and consequences of distracted driving, information on the restrictions of mobile telephone and mobile electronic device use while operating a motor vehicle under sections 8M, 12A, 13 and 13B of chapter 90 of the General Laws, information on the fines and punishments that may be imposed for violations of said chapter 90 and bicycle safety. The registrar of motor vehicles shall include information on the hazards of distracted driving in each revised publication of the driver's manual.

SECTION 14. Notwithstanding any general or special law to the contrary, the secretary of public safety and security shall investigate and study alternative methods for collecting more accurate data pursuant to section 63 of chapter 90 of the General Laws. The study shall include, but not be limited to, the feasibility of expanding the data collected pursuant to subsection (a) of said section 63 of said chapter 90, including expansion of the data collection to include the race and gender of each individual subject to traffic stops, searches resulting from a traffic stop or frisks resulting from a traffic stop, whether or not a Massachusetts Uniform Citation was issued. The secretary shall file a report with the results of the investigation and study together with legislation, if any, with the joint committee on transportation not later than April 1, 2020.

SECTION 15. This act shall take effect 90 days after passage; provided, however, that notwithstanding any general or special law to the contrary, an operator of a motor vehicle shall be issued a warning for a first violation of section 13B of chapter 90 of the General Laws for

165     conduct other than the typing or reading of an electronic message occurring after the effective  
166     date of this act until March 31, 2020, inclusive.

Massachusetts law prohibits operators of motor vehicles from using **any** electronic device, including mobile telephones, unless the device is used in hands-free mode.

The “hands-free” law is effective as of February 23, 2020.

### Penalty for violating the hands-free law

- 1st offense – \$100 fine.
- 2nd offense – \$250 fine, plus mandatory completion of a distracted driving educational program.
- 3rd and subsequent offenses – \$500 fine, plus insurance surcharge and mandatory completion of distracted driving educational program.

## What does this mean for me?

### Drivers who are 18 and over

- Can only use electronic devices and mobile phones in hands-free mode and are **only permitted** to touch devices to activate hands-free mode.
- **Not permitted** to hold or support any electronic device/phone.
- **Cannot** touch phone except to activate the hands-free mode and can only enable when the device is installed or properly mounted to the windshield, dashboard, or center console in a manner that does not impede the operation of the motor vehicle.
- **Not allowed** to touch device for texting, emailing, apps, video, or internet use.
- Activation of GPS navigation **is permitted** when the device is installed or properly mounted.
- Handheld use **is allowed only** if the vehicle is both stationary and not located in a public travel lane or a bicycle lane, but is **not allowed** at red lights or stop signs.
- Voice to text and communication to electronic devices **is legal only** when device is properly mounted; use of headphone (one ear) is permitted.

### Drivers who are under 18

- **Are not allowed to use any electronic devices.** All phone use while driving **is illegal**, including use in hands-free mode.

**Operators may use a cell phone to call 911 to report an emergency. If possible, safely pull over and stop before calling 911.**

For more information, please visit  
***Mass.Gov/Handsfree***

# HANDS-FREE WHILE DRIVING

# IT'S THE LAW. FEBRUARY 23



## FINES UP TO \$500

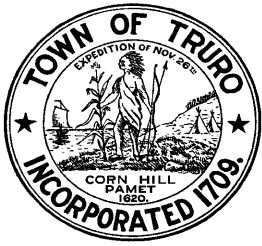
COMMONWEALTH OF MASSACHUSETTS  
**EOPSS**  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY



**massDOT**  
Massachusetts Department of Transportation

**rmv**  
REGISTRY OF MOTOR VEHICLES

A message from the Office of Grants and Research



# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Administration

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

**REQUESTED MEETING DATE:** February 25, 2020

**ITEM:** Referral of Zoning Bylaw Amendments from Planning Board

**EXPLANATION:** At the February 12, 2020 Planning Board meeting the Board voted unanimously to refer to the Select Board the attached amendments to begin the process under MGL c.40A, §5 – Adoption and Change of Zoning bylaws. The Planning Board proposes these bylaw amendments to streamline permitting, acknowledge conditions and uses that exist today, and create reasonable public review processes.

Upon receipt of these amendments, the Select Board has **fourteen (14) days to refer** them back to the Planning Board for public hearings. The Planning Board must then schedule a public hearing within 65-days of this referral. The Planning Board has noticed the public hearing on these amendments for March 4, 2020.

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

**IMPACT IF NOT APPROVED:** This would not be in compliance with the required actions pursuant to MGL c.40A, §5.

**SUGGESTED ACTION:** *MOTION TO* refer the proposed bylaw amendments to the Planning Board to begin the necessary public hearing process pursuant to MGL c.40A, §5.

**ATTACHMENTS:**

1. February 19, 2020 Memorandum and Proposed Zoning Bylaw Amendments for the 2020 Annual Town Meeting from the Truro Planning Board



# Planning Board

Town of Truro

24 Town Hall Road  
Truro, MA 02666  
(508) 349-7004

Date: February 19, 2020  
To: Truro Select Board  
From: Truro Planning Board  
Re: Proposed Zoning Bylaw Amendments for the 2020 Annual Town Meeting

The Truro Planning Board (hereafter “Board”) met at a duly posted public meeting on February 12, 2020 to review proposed amendments to the Town of Truro Zoning Bylaw. The Board voted unanimously to refer the following amendments for your review pursuant to MGL Ch. 40A §5. We look forward to bringing these amendments to the Town Meeting body this April.

Many of these amendments further the Board’s goal to streamline permitting, including the issuance of ADU permits. Others acknowledge conditions and uses that exist today and create reasonable public review processes. This has been part of the Boards work over the past year to make permitting processes clearer and more efficient for the applicant and the Board while continuing to provide protection for Truro’s character, environment, and residents. The articles are presented here with an explanation of each proposed amendment. We are happy to answer any additional questions you may have.

The Board greatly appreciates your consideration, and we hope to receive your support.

Sincerely,

Anne Greenbaum, Chair



# Proposed Zoning Bylaw Amendments

For the 2020 Annual Town Meeting

**Referred to the Truro Select Board on Wednesday, February 12, 2020**

Additions in underline. Deletions in cross-through.

For questions, contact Town Planner Jeffrey Ribeiro at [jribeiro@truro-ma.gov](mailto:jribeiro@truro-ma.gov).

## Article \_\_\_\_:

*To amend §10.4 Definitions by the addition of:*

Food Truck: A motorized truck, towable trailer, or cart that is licensed by the Town of Truro to sell or distribute food to consumers.

*And to amend §30.2 Use Table by the addition of:*

PRINCIPAL USES							
	R	BP	NT6A	TC	NTC	Rt6	S
COMMERCIAL							
<u>Food Trucks (12)</u>	<u>SP</u>	<u>SP</u>	<u>SP</u>	<u>SP</u>	<u>SP</u>	<u>SP</u>	<u>SP</u>

## NOTES

12. A Special Permit shall not be required for any location having received a permit for the operation of a Food Truck from the Town of Truro Select Board prior to April 28, 2020.

*And to amend §30.9 Parking by the addition of:*

PRINCIPLE USE	PARKING REQUIREMENT
RESIDENTIAL	
<u>Food Trucks</u>	<u>2 spaces per food truck</u>

## Explanation:

This article recognizes food trucks as a land use and provides reasonable, flexible measures for public review. The Zoning Bylaw (hereafter “ZBL”) does not currently include food trucks as a use, and thus food trucks are likely not allowed despite having

existed throughout town for many years. Most notably there is a history of food trucks at Town beaches in the Residential and Seashore districts. This article defines and legalizes the use while grandfathering existing locations, provides for noticed public hearings before the Zoning Board of Appeals for any new location proposed, and adds reasonable parking requirements. The act of adding the use also brings clarity to the existing practice of requiring Commercial Site Plan Review for new locations.

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

§ 30.9 Parking

C. Off Street Parking Schedule:

2. These standards are the minimum requirement. The Planning Board under Site Plan Review, or the Zoning Board of Appeals by Special Permit when Site Plan Review is not required, may vary the required number of spaces if the nature and scale of a proposed use warrants such a change.

*Explanation:*

This article provides a process for the modification of parking requirements. Currently these requirements can be modified during Site Plan Review, but there is not a mechanism for projects that do not require Site Plan Review. This article allows modifications to be issued by the Zoning Board of Appeals after a noticed public hearing.

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

§ 40.2 Accessory Dwelling Unit

C. ADU Permit Criteria

3. At least two (2) off street parking spaces in addition to parking otherwise required for the property is required for an ADU. This requirement may be reduced or waived at the discretion of the Planning Board.

*Explanation:*

This article allows for reduction of the parking requirement for ADUs as part of the noticed public hearing process for ADU permits. It recognizes that unforeseen circumstances may exist to justify the requirement is unnecessary and creates a hardship for homeowners looking to add an ADU to their property. For instance, some small ADUs may clearly be intended for one person and not require 2 parking spaces.

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

§ 40.2 Accessory Dwelling Unit

D. Procedure

1. Each application for a Permit shall be filed by the Applicant with the Town Clerk consisting of:
  - a. An original and ~~14~~ 9 copies of the Application for ADU Permit;
  - b. ~~15~~ 10 paper copies and one digital copy of the required plans and other required information under §40.2

*Explanation:*

This article reduces the required number of physical copies of applications and adds requirements for the submittal of digital copies. Most applications are distributed to Town staff electronically, reducing the need for paper copies.

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

§ 40.2 Accessory Dwelling Unit

D. Procedure

- ~~f. Documentation of approval of the septic/wastewater treatment system from the Board of Health.~~
- ~~i. Documentation of approval, if applicable, from the Conservation Commission.~~
- ~~j. Documentation of Special Permit or Variance, if applicable, from the Zoning Board of Appeals.~~

*Explanation:*

This article eliminates submittal requirements that are not germane to the jurisdiction of the Planning Board in their review of ADU permit applications. It does not eliminate the need for ADUs to receive all necessary permits. The Building Commissioner and Health/Conservation Agent will continue to review these requirements through the building permit process. Additionally, the submittal requirements to be eliminated currently require that the Planning Board must always be the final regulatory board to review ADUs when it may be logical to go in an alternate order under certain circumstances.

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

§ 40.2 Accessory Dwelling Unit

D. Procedure

g. Building floor plans at a scale of no less than 1/8" = 1'-0", ~~including floor plans and front, side and rear elevations of the ADU and principal dwelling or structure.~~

h. For ADUs proposed in a new structure or that require the modification of the exterior of an existing structure, building elevations at a scale of no less than 1/8" = 1'-0" of the dwelling or structure that contains the ADU.

i. Photographs of the exterior of the existing principal dwelling taken from the north, south, east, and west.

j. For ADUs proposed within an existing accessory structure, photographs of the exterior of the existing accessory structure taken from the north, south, east, and west.

*Explanation:*

This article eliminates the need for ADU permit applications to include building elevation plans for proposals where there are no exterior changes to a building proposed. This is an unnecessary cost to applicants, and existing conditions can easily be documented with photographs.

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

§ 40.2 Accessory Dwelling Unit

F. Findings of the Planning Board

~~2. The permit decision is not appealable.~~

*Explanation:*

This article recognizes that a town cannot deny appeal rights through stating such in a zoning bylaw. Any discretionary permit (including an ADU permit) issued through zoning is appealable under state law by either the applicant or another interested party. Further, the current language may create confusion regarding the particular type of court appeal that should be filed resulting in additional unnecessary legal costs to the applicant, the Town, or both.

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

§ 40.2 Accessory Dwelling Unit

H. Requirements for Tax Exemption

Qualifying ADUs permitted under this section are eligible to seek tax abatement pursuant to Chapter I, Section ~~10~~11 of the Truro General Bylaws, Tax Exemption for Affordable Accessory Dwelling Units.

*And to amend §10.4 Definitions by deleting in its entirety:*

~~Dwelling Unit, Affordable Accessory. A rental dwelling unit either detached from or located within or attached to a principal dwelling, principal structure, garage, containing at least four hundred (400) square feet but not more than one thousand four hundred (1,400) square feet of Gross Floor Area. Accessory unit shall be restricted to remain affordable by conditions attached to the Special Permit issued by the Planning Board and be occupied by income-eligible households determined in accordance with HUD Income and Fair Market Rental Guidelines. (04/07)~~

*Explanation:*

This article corrects a scrivener's error referencing the General Bylaws and removes an obsolete definition for Affordable Accessory Dwelling Units. The ZBL previously contained provisions for Affordable ADUs, but this was replaced with the adoption of the current ADU bylaw.

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

§ 70.3 Commercial Development

D. Procedures and Plan Requirements

1. Each application for Commercial Site Plan Review shall be filed by the Applicant with the Town Clerk consisting of:
  - a. An original and ~~14~~ 2 copies of the Application for Site Plan Review;
  - b. ~~15~~ 10 paper copies and one digital copy of the required plans and other required information per subsection 3 below;

*Explanation:*

This article reduces the required number of physical copies of applications and adds requirements for the submittal of digital copies. Most applications are distributed to Town staff electronically, reducing the need for paper copies.

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

§ 70.4 Residential Development

C. Procedures and Plan Requirements

1. Each application for Residential Site Plan Review shall be filed by the Applicant with the Town Clerk consisting of:
  - a. An original and ~~14~~ 9 copies of the Application for Site Plan Review;
  - b. ~~15~~ 10 paper copies and one digital copy of the required plans and other required information per subsection 3 below;

*Explanation:*

This article reduces the required number of physical copies of applications and adds requirements for the submittal of digital copies. Most applications are distributed to Town staff electronically, reducing the need for paper copies.

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

§ 70.6 Recording of Decision

It shall be the responsibility of the applicant to obtain a true attested copy of the decision from the Town Clerk. The applicant shall be responsible for recording the Planning Board Commercial or Residential Site Plan decision at the Barnstable Registry of Deeds or Land Court, as applicable. Prior to the issuance of a building permit, the applicant shall present evidence of such recording to the Building Commissioner and the ~~Planning Board Secretary~~ Planning Department.

*Explanation:*

This article acknowledges that filings are currently being handled by professional staff at Town Hall and brings the ZBL in line with this practice.

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

§ 70.9 Waiver of Site Plan Review

The Planning Board may determine at its discretion without a public hearing that submission of a Commercial ~~or Residential~~ Site Plan review application is not required when the alteration or reconstruction of an ~~existing~~ building or structure or new use or change in use will not have a significant impact: within the site or in relation to adjacent

properties and streets; on pedestrian and vehicular traffic; on public services and infrastructure, or on unique environmental and historic resources, abutting properties; or community needs. Site Plan Review shall not be waived in the Seashore District.

(4/17)

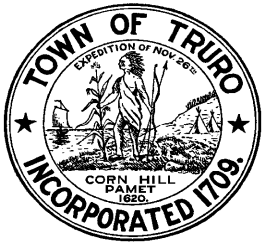
A waiver from Commercial ~~or Residential~~ Site Plan Review must be requested by the applicant using the appropriate Site Plan Review Application form. The form, applicable filing fee and supporting documentation to establish that such review is not required shall be filed with the ~~Planning Board Secretary~~ Town Clerk. A waiver request will be considered at a regular session of the Planning Board.

Upon the decision of the Planning Board, a copy of the decision shall be sent to the applicant, the owner, the representative, if any, and the Building Commissioner.

*Explanation:*

This article does three things:

1. It clarifies that Residential Site Plan Review cannot be waived because Residential Site Plan Review is only required in the Seashore district, and the bylaw states that Site Plan Review cannot be waived in the Seashore district.
2. It allows for the waiver of Commercial Site Plan Review for new buildings that do not create significant impacts. For example, the ZBL currently allows a waiver for a 2,000 sq. ft. addition to an existing commercial building, but it does not allow a waiver for a new 200 sq. ft. shed.
3. It acknowledges that filings are currently made with the Town Clerk and brings the ZBL in line with this practice.



# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Administration

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

**REQUESTED MEETING DATE:** February 25, 2020

**ITEM:** Presentation of the FY2021 Proposed Budget

**EXPLANATION:** At the February 11, 2020 Work Session the Board provided policy direction to staff for the proposed fiscal year 2021 budget. Based on the discussion and the discussions with the Budget Task Force, staff modified the draft budget and presents the attached budget summary and simple recap for your review. The FY21 proposed budget includes a \$350,000 debt exclusion for an ambulance, a \$170,000 capital exclusion for a heavy-duty tractor truck, and an override to add additional firefighter/paramedics to the Fire Department's staffing in anticipation of changes to the provision of EMS services.

**FINANCIAL SOURCE (IF APPLICABLE):** FY 2021 Budget

**SUGGESTED ACTION:** None required.

**ATTACHMENTS:**

1. To be distributed at the meeting





# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Administration

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

**REQUESTED MEETING DATE:** February 25, 2020

**ITEM:** Preliminary Warrant Article List

**EXPLANATION:** Attached for review and discussion by the Board is the draft list of articles for the April 28, 2020 Annual Town Meeting Warrant. The deadline for money articles has passed (February 7, 2020) and the deadline for submission of non-monetary articles is February 28, 2020 at 4:00 pm. To date, one petitioned article has been submitted. A series of Zoning Bylaw articles from the Planning Board are expected, as well as an advisory article from the Climate Action Committee. Three placeholders for General Bylaw articles are also included. Please advise if there is something not included or something that you have questions about. Warrant preparations are currently underway.

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

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

**SUGGESTED ACTION:** None required—for discussion.

**ATTACHMENTS:**

1. Draft list of proposed 2020 Annual Town Meeting Warrant Articles

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# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Jan Worthington, Chair

**REQUESTED MEETING DATE:** February 25, 2020

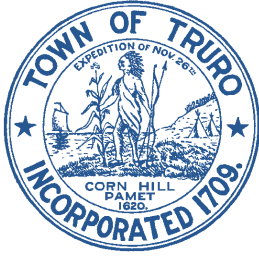
**ITEM:** 2019 Annual Town Report Cover and Theme

**EXPLANATION:** Each year staff requests suggestions from the Board on a cover for the Annual Town Report and for the report dedication. The Board voted to dedicate the 2019 Annual Town Report to Bill Worthington and Maureen Burgess at the January 14, 2020 meeting, but no theme was determined at that meeting. Previous covers and themes have included town beaches, the Pamet River, and the elders of the community. Staff suggested making the young people the theme this year, including pictures of the newly refreshed Puma Park which was an initiative of the Disabilities Committee.

**IMPACT IF NOT APPROVED:** If the cover is not decided upon at this meeting it can be determined at a later meeting. The Annual Town Report must be ready two weeks prior to Annual Town Meeting.

**SUGGESTED ACTION:** *MOTION TO approve \_\_\_\_\_ as the cover and theme for the 2019 Annual Town Report.*

**ATTACHMENTS:** None



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

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

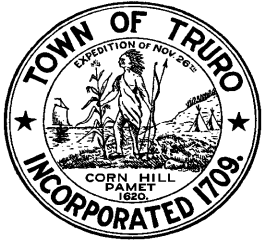
## 6. **CONSENT AGENDA**

A. Review/Approve and Authorize Signature:

*1. None*

B. Review and Approval of the 2020 Seasonal Licenses: Highland Links Café, Terra Luna Restaurant, Whitman House Restaurant (Common Victualer) and Jobi Pottery (Transient Vendor)

C. Review and Approve Select Board Minutes-February 3, 2020 Budget Task Force



# TOWN OF TRURO

## Select Board Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Noelle Scoullar, Executive Assistant

**REQUESTED MEETING DATE:** February 25, 2020

**ITEM:** Approval of 2020 Seasonal License Renewals: Highland Links (10 Highland Light Road), Terra Luna (104 Shore Road), Whitman House (7 Great Hollow Rd), and Jobi Pottery (314 Route 6).

**EXPLANATION:** There are four 2020 seasonal license renewal applications and supporting documentation for review and approval by the Select Board as the Local Licensing Authority. There were no reported issues with any of the establishments in 2019. The Health Department Licenses for Highland Links were issued 2/3/2020. The Health Department Licenses for Terra Luna were issued 2/3/2020. The Health Department Licenses for Whitman House were issued 2/3/2020. Jobi Pottery requires no Health Licenses. If you approve these for renewal, the licenses will be issued only upon compliance with all regulations and upon receipt of the necessary documents and fees.

Mass General Law	Licenses & Permits Issued by Select Board	Names of Businesses
Chapter 140 §2	<b>Common Victualer-Cook, Prepare &amp; Serve Food</b>	<b>Highland Links Terra Luna Whitman House</b>
Chapter 101 §2	<b>Transient Vendor</b>	<b>Highland Links Jobi Pottery</b>

**IMPACT IF NOT APPROVED:** The licenses will not be issued.

**SUGGESTED ACTION:** MOTION TO approve a 2020 Seasonal Common Victualer (food) for Highland Links, Terra Luna and Whitman House and the Transient Vendor Licenses for Highland Links, and Jobi Pottery upon compliance with all regulations and receipt of the necessary documents and fees and Authorize the Chair to sign.

**ATTACHMENTS:**

1. Renewal Application for 2020: Highland Links
2. Renewal Application for 2020: Terra Luna
3. Renewal Application for 2020: Whitman House Restaurant
4. Renewal Application for 2020: Jobi Pottery



# TOWN OF TRURO

PO Box 2030, Truro MA 02666

Tel: 508-349-7004, Extension: 131 or 124 Fax: 508-349-5508

## LICENSE APPLICATION: Condominiums, Cottage Colonies, Motels, Campgrounds, Lodging, Gas Station/Retail Service, Transient Vendor

### Section 1 – License Type & Hours of Operation

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

☐ New ☒ Renewal

FACILITY: # UNITS

HOURS OF OPERATION:

☐ Motel \_\_\_\_\_

☐ Annual ☒ Seasonal

☐ Cottage Colony \_\_\_\_\_

Opening Date: 4/1/2020

☐ Condominium \_\_\_\_\_

Closing Date: 11/30/2020

☐ Campground \_\_\_\_\_

Days of the Week Open: 7

☐ Lodging \_\_\_\_\_

☒ Transient Vendor

☐ Gas Station (Please submit your Service Station Compliance Form & Third Part Underground Storage Tank Inspection Report (FP 289))

### Section 2 – Business Information

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

Johnson Golf Management

DBA/Highland Golf Links

Print Name of Applicant

Business Name

**Kelly Laramée**

Owner Name

10 Highland Light Road

PO Box 1659 Harwich MA 02645

Street Address of Business

Mailing Address of Business

Business Phone Number

Business E-Mail Address

### Section 3 –MANAGER INFORMATION

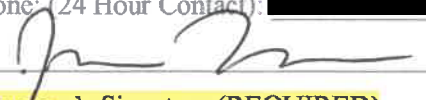
☐ Check if New Manager (if checked, MUST submit Application to Name a Manager)

#### **Name of Onsite Manager:**

Name: Jason Laramée Unit Number: \_\_\_\_\_

Mailing Address: PO Box 1659 Harwich, MA 02645

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

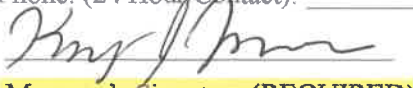
  
\_\_\_\_\_  
**Manager's Signature (REQUIRED)**

#### **Name of Offsite Manager:**

Name: Kelly Laramée Business Name: Johnson Golf Management/DBA Highland Links

Business Address: PO Box 1659 Harwich, MA 02645

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

  
\_\_\_\_\_  
**Manager's Signature (REQUIRED)**

#### **Name of Co- Manager:**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: (24 Hour Contact): \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
**Co-Manager's Signature (REQUIRED)**

### Section 4 – ATTESTATION

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

  
\_\_\_\_\_  
Signature of Applicant

Kelly Laramée  
\_\_\_\_\_  
Print Name

11/21/2019  
\_\_\_\_\_  
Date

### Additional Applications & Documentation

#### **REQUIRED FOR ALL MOTELS, COTTAGE COLONIES, CONDOMINIUMS & CAMPGROUNDS**

- ☐ Smoke detector/fire protection certification
- ☐ IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance
- ☐ IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit
- ☐ Business certificate with the clerk's office

#### **ADDITIONAL (SEPARATE) APPLICATIONS THAT MAY PERTAIN TO YOUR OPERATION**

- ☐ Application for Pool or Hot Tub Permit
  - ☐ Application to Name a Manager
  - ☐ Entertainment License
  - ☐ Application to sell Tobacco
  - ☐ Application for Food Service Permit
- (rev 9/2017)



**Number: 2020-049**

**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:

**Jason & Kelly Laramée, mgrs., d/b/a Highland Links Golf Course Lighthouse Cafe**

Whose place of business is **10 Highland Light Road**

Type of business and any restrictions **food concession/coffee shop**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2020**

Date Issued: **Feb 3, 2020**

Seating: **12**



**Truro Board of Health Agent**



## 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: [ebabee@truro-ma.gov](mailto:ebabee@truro-ma.gov) or [adavis@truro-ma.gov](mailto:adavis@truro-ma.gov)

### APPLICATION FOR FOOD SERVICE – COMMON VICTUALER

☐ New ☒ Renewal

HEALTH DEPARTMENT  
TOWN OF TRURO

#### Section 1 – License Type

Type of License: ☒ Food Service ☒ Common Victualer

NOV 22 2019

RECEIVED BY:  
#2020-049

#### Type of Food Service Establishment:

- ☒ 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: Johnson Golf Management DBA/Highland Links

Owner Name: Kelly Laramee

Email Address: [REDACTED]

Mailing Address: PO Box 1659 Harwich, MA 02645

Phone No: [REDACTED]

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

Name: Jason Laramee

Email Address: [REDACTED]

Mailing Address: PO Box 1659 Harwich, MA 02645

Phone No: [REDACTED]

24 Hour Emergency: [REDACTED]

#### Section 3 – Business Operation Details

Number of Seats: Inside: 12 Outside: 18 Number of Employees: 8

Length of Permit: ☐ Annual ☒ Seasonal Operation

Hours of Operation: 6:00am To 7:00pm

Days Closed Excluding Holidays:

If Seasonal: Approximate Dates of Operation: 04 / 01 / 20 To 11 / 30 / 20

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

Jason Laramée

Allergen Awareness Certification (attach copy):

Jason Laramée

 **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: 11-21-19

\*\*\*\*\*

##### Application Checklist:

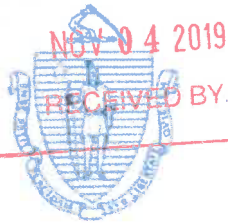
- ☐ Food Service Permit Application
- ☐ Smoke Detector/Fire Protection Certification
- ☐ Workers Compensation Affidavit/Certificate of Insurance
- ☐ Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report
- ☐ Copy of Service report of mechanical washing equipment (Dishwasher)
- ☐ 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 \_\_\_\_\_

Date \_\_\_\_\_



NOV 04 2019

RECEIVED BY:

*The Commonwealth of Massachusetts*  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
[www.mass.gov/dia](http://www.mass.gov/dia)

RCVD 2019NOV04 AM10:51

ADMINISTRATIVE OFFICE  
TOWN OF TRURO

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

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: Highland Links/Johnson Golf Management, Inc.

Address: 10 Highland Light Rd.

City/State/Zip: N. Truro

Phone # [REDACTED]

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

1. ☒ I am an employer with 90 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: Westward Insurance Group

Insurer's Address: PO Box 785570

City/State/Zip: Philadelphia, PA 19178-5570

Policy # or Self-ins. Lic. # [REDACTED]

Expiration Date: 1/10/20

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

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

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

Signature: [Signature]

Date: 10/10/19

Phone #: [REDACTED]

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/16/19

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> Chisholm Insurance Agency, Inc PO Box 399 Wayland, MA 01778		<b>CONTACT NAME:</b> Ben Chisholm <b>PHONE (A/C No, Ext):</b> 508-358-8111 <b>FAX (A/C, No):</b> 508-358-5324 <b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> *Arbella Protection	
		<b>INSURER B:</b> Guard Insurance Group	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	[REDACTED]	01/01/19	01/01/20	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	X	[REDACTED]	01/01/19	01/01/20	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>					BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY <input checked="" type="checkbox"/>					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X	[REDACTED]	01/01/19	01/01/20	EACH OCCURRENCE \$ 2,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					AGGREGATE \$ 2,000,000
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	[REDACTED]	01/10/19	01/10/20	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A	Liquor Liability	X	[REDACTED]	01/01/19	01/01/20	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
						Occurrence 1,000,000
						Aggregate 2,000,000
						Occurrence 1,000,000

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

Re: Highland Links Golf Course, 10 Highland Light Road, Truro, MA

## CERTIFICATE HOLDER

## CANCELLATION

Town of Truro PO 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 Thomas B. Chisholm
---	---

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BUILDING DEPARTMENT  
TOWN OF TRURO

DEC 02

RECEIVED BY



HEALTH DEPARTMENT  
TOWN OF TRURO

MAR 12 2019

RECEIVED BY:

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

FIRE PROTECTION SYSTEMS  
ANNUAL TEST REPORT

RCVD 2019MAR12 AM 11:52  
ADMINISTRATIVE OFFICE  
TOWN OF TRURO

BUSINESS NAME: Johnson Golf Management/Highland Links

OWNER/MANAGER: Kelly Laramee

ADDRESS: PO Box 1659 Harwich, MA 02645

PHONE #: [REDACTED] NUMBER OF UNITS:           

CONTACT PERSON: Jason Laramee

ADDRESS: PO Box 1659 Harwich, MA 02645

TESTING COMPANY: RALPH J PERRY

TESTING ELECTRICIAN/TECHNICIAN: MIKE HOLUBESKO

COMPANY PHONE #: [REDACTED] HOME PHONE #:           

LICENSE #: 5342 MA-CR 017

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: INSPECTED FIRE EXTINGUISHERS

DATE OF CERTIFICATION: 3/12/19 BY: Michael Holubsko  
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 12/2/2019

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

Owner's Name

Business Name Highland Links Golf Course-Lighthouse Cafe

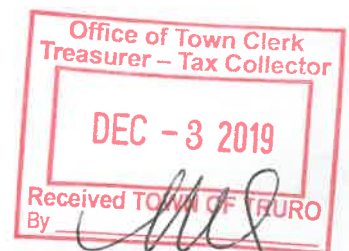
Residential Address 10 Highland Light Rd

Map and Parcel 37 - 22

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 2019.*

Molly Stevens  
Tax Collector's Signature

12/3/19  
Date



HEALTH DEPARTMENT  
TOWN OF TRURO

DEC 30 2019

RECEIVED BY:

# Certificate

## OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

**Healthcare - CPR / AED**

(Adult / Child / Infant / Choking)

Automated External Defibrillator (AED)

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

**Jason Laramee**

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 2 years. Course administered in accordance with the **2015** ECC/ILCOR and AHA® guidelines. ID#: **A2DB4**



COURSE PROVIDED BY:  
**NationalCPRFoundation**

Completion: **April 19, 2019**

Instructor: **Paul J. Scruton**

Signature:



**ServSafe**  
National Restaurant Association

HEALTH DEPARTMENT  
TOWN OF TRURO

DEC 30 2019

RECEIVED BY

# ServSafe® CERTIFICATION

## JASON LARAMEE

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

17577470

CERTIFICATE NUMBER

5418

EXAM FORM NUMBER

3/11/2019

DATE OF EXAMINATION

3/11/2024

DATE OF EXPIRATION

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



#0655

A handwritten signature in black ink that reads 'Sherman Brown'.

Sherman Brown  
Executive Vice President, National Restaurant Association Solutions



In accordance with Maritime Labour Convention 2006, Resolution ADM N 068-2013 (Regulation 3.2, Standard A3.2).

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12110811

v.1211

Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL. 60606-6383 or [ServSafe@restaurant.org](mailto:ServSafe@restaurant.org).

# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: JASON LARAMEE

Certificate Number: 3814561

Date of Completion: 3/15/2019

Date of Expiration: 3/15/2024

HEALTH DEPARTMENT  
TOWN OF TRURO

DEC 30 2019

RECEIVED BY



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

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

Issued By:



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



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

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 18 2019

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

RCVD 2019OCT18 AM9:40

ADMINISTRATIVE OFFICE

TOWN OF TRURO

# 2020-009A  
cat.  
FS 2020-009B**APPLICATION FOR FOOD SERVICE – COMMON VICTUALER**☐ New ☒ Renewal**Section 1 – License Type**Type of License: ☐ Food Service ☒ Common Victualer**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)**

Business Name: STOSTEF 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: 67 Outside: \_\_\_\_\_ Number of Employees: 11

Length of Permit: ☐ Annual ☒ Seasonal Operation

Hours of Operation: 5 pm To 10 pm

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

If Seasonal: Approximate Dates of Operation: 5/15/20 To 5/15/20



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

ANTHONY PASQUALE

Allergen Awareness Certification (attach copy):

ANTHONY PASQUALE

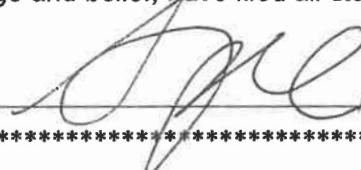
Has your menu changed from last year? ☐ Yes ☐ No

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: 

Date: 10/18/19

\*\*\*\*\*

##### **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 

Date 12/20/19

Number: 2020-009A

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**

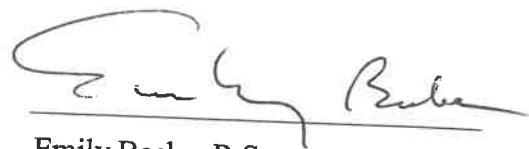
Type of business and any restrictions **Restaurant**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2020**

Date Issued:  
**2-3-2020**

Seating: 65



Emily Beebe, R.S.

Agent for the Truro Board of Health

**Number: 2020-009B**

**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, 2020**

Date Issued: **2/3/2020**



**Emily Beebe, R.S.**

**Agent for the Truro Board of Health**

# Fire Marshal Report

Submitted by: BORGES Cleaning Pro  
20 Freedom St  
Fall River, MA 02724  
774-319-1796  
tborges62@comcast.net

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 18 2019

RECEIVED BY

Date: 10/17/2019

To Whom It May Concern,

This report is sent on voluntary basis for the following reasons:

1. To inform the Fire Marshal staff of the conscientious effects of local restaurants that is eliminating any fire hazards.
2. To increase the safety and well-being of our firefighters.
3. To increase the standards and credibility of exhaust cleaning companies.

BORGES Cleaning Pro is a kitchen exhaust cleaning business.

On 10/17/19, BORGES Cleaning Pro cleaned all exhaust systems located at:

104 Shore Rd - N. Truro, MA. 02652.

To the best of our knowledge this location is in compliance with, and in fact, may be exceeding local and N.F.P.A. Standards.

The above named restaurant will be cleaned in accordance with N.F.P.A. 96 standards. We will be contacting you soon on the above named location when another scheduled service is rendered.

If you have any questions, please do not hesitate to contact us.

Thank you,

Tony Borges  
Owner







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.

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 18 2019

RECEIVED BY

**Applicant Information**

Please Print Legibly

Business/Organization Name: STO STEP inc dba TERRA LUNA

Address: 104 Shore Rd

City/State/Zip: N. TRURO 02652

Phone #: [REDACTED]

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

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

**Business Type (required):**

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

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

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

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

Insurance Company Name: KERRY INSURANCE Agency, inc.

Insurer's Address: PO Box 1945

City/State/Zip: N. Eastham 02661

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

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

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

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

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

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

Date: 10/18/19

Phone #: 708 487 1019

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

City or Town: Truro

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: E Becker

Phone #: 508-349-7004 x117

# CERTIFICATION OF STANDARDS

This is to certify that Borges Cleaning Pro cleaned and serviced  
the exhaust system of:

Terra-Luna Restaurant - 104 Shore Rd

LOCATED AT:

N. Truro, MA. 02652.

CITY OR TOWN OF.

All work was performed in accordance to standards set forth by the National Fire  
Prevention Association and the State Fire Marshal's Office.

10-17-2020

EXPIRES ON:

Tony Borges  
TONY BORGES

# JOB INVOICE

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 18 2019

RECEIVED BY

SOLD TO: Terra Luna - Restaurant  
 ADDRESS: 104 Shore Rd  
N. Truro, MA. 02652.  
 ATTENTION: Owner: Tony Pasquale →

DATE ORDERED: 10-17-2019  
 PHONE NO.:  
 ORDER TAKEN BY: Tony  
 CUSTOMER ORDER #: 007-1017  
 JOB LOCATION: 104 Shore Rd  
 JOB PHONE:  
 STARTING DATE:  
 TERMS: C.O.D.

QTY.	MATERIAL	UNIT	AMOUNT
—	Job Done —		
—	Clean TO Bare metal —		
—	Clean ALL Filters —		
—	ALL Duct work —		
—	Both sides of Fan units —		
—	Entire exhaust hood —		
—	Surface of hood —		
—	Polish & shine ALL —		
	Stainless steel		
—	Place Certification —		
	Sticker ON Hood		
—	Give Certification —		
	of Standards		
	Next clean		
	10-17-2020	TOTAL MATERIALS	

DESCRIPTION OF WORK

MISCELLANEOUS CHARGES

Clean ①  
Per Year

TOTAL MISCELLANEOUS

LABOR	HRS.	RATE	AMOUNT
Regular Price —			600 —
Discount —			50 —
TOTAL —		TOTAL LABOR	550 —

WORK ORDERED: Tony Borges  
 DATE ORDERED:  
 DATE COMPLETED: 10-17-2019

CUSTOMER APPROVAL SIGNATURE: \_\_\_\_\_  
 AUTHORIZED SIGNATURE: \_\_\_\_\_

TOTAL LABOR	
TOTAL MATERIALS	
TOTAL MISCELLANEOUS	
SUBTOTAL	
TAX	
GRAND TOTAL	550 —





Tony Pasquale attended a one hour training in "Anti-Choking Procedures for Food Establishments" as required by the Massachusetts Department of Public Health 105 CMK590.009. Included with this training was "Hands Only CPR" for adults and children. This training was conducted by the Cape Cod Medical Reserve Corps American Heart Association certified trained instructors.

This certificate is good for two years from the date of issuance.

Diana Gaumond  
Diana R. Gaumond, RN, BSN, MPH  
Director Cape Cod Medical Reserve Corps  
Date: January 14, 2019

# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: ANTHONY PASQUALE

Certificate Number: 2844818

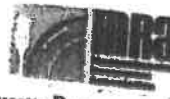
Date of Completion: 4/2/2017

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.*



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

Issued By:

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

ServSafe

# ServSafe® CERTIFICATION

ANTHONY PASQUALE

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

13629612

IDENTIFICATION NUMBER

5/11/2021

DATE OF EXAMINATION

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

5159

EXAM FORM NUMBER

5/11/2021

DATE OF EXPIRATION



#0855

In accordance with Maritime Industry C...

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National Restaurant Association

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Contact us with questions at 175 W Jackson Blvd. Ste 1500, Chicago, IL 60604 or [ServSafe@restaurant.org](mailto:ServSafe@restaurant.org).

# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: DANIEL BUDDINGTON

Certificate Number: 3804427

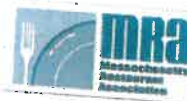
Date of Completion: 3/8/2019

Date of Expiration: 3/8/2024



*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.*



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

Issued By:

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



**ServSafe**  
National Restaurant Association

# ServSafe® CERTIFICATION

## DANIEL BUDDINGTON

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

17037622

CERTIFICATE NUMBER

5400

EXAM FORM NUMBER

10/15/2018

DATE OF EXAMINATION

10/15/2023

DATE OF EXPIRATION

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



#0655

Sherman Brown  
Executive Vice President, National Restaurant Association Solutions



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Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or [ServSafe@restaurant.org](mailto:ServSafe@restaurant.org).



# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: GINGER LUND

Certificate Number: 3804317

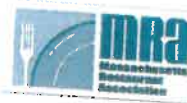
Date of Completion: 3/8/2019

Date of Expiration: 3/8/2024



*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.*



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

Issued By:

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

**ServSafe**  
National Restaurant Association

# ServSafe® CERTIFICATION

## GINGER LUND

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

17037623

CERTIFICATE NUMBER

5400

EXAM FORM NUMBER

10/15/2018

DATE OF EXAMINATION

10/15/2023

DATE OF EXPIRATION

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



#0655

A handwritten signature in black ink, reading 'Sherman Brown'.

Sherman Brown  
Executive Vice President, National Restaurant Association Solutions



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12110811

v.1211

Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or [ServSafe@restaurant.org](mailto:ServSafe@restaurant.org).



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

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

## TAX STATUS REQUEST FOR LICENSING (from the Select Board's Office)

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2019

RECEIVED BY:

Date 10/18/2019

Owner's Name Anthony Pasquale

Business Name Terra Lyma

Business Address 104 Shore Road

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.

FY 2019 paid in full - y

Susan Lopez  
Tax Collector's Signature

10/18/2019  
Date



DEC 18 2019

RECEIVED BY

#2020-071



## 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: [ebecbe@truro-ma.gov](mailto:ebecbe@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

#### Type of Food Service Establishment:

- ☒ 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: Whitman House

Owner Name: Robert Price

Email Address: [REDACTED]

Mailing Address: P.O. Box 1086 Truro

02666

Phone No: [REDACTED]

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

Name: Robert Price

Email Address: [REDACTED]

Mailing Address: P.O. Box 1086

Phone No: [REDACTED]

24 Hour Emergency: Same

#### Section 3 – Business Operation Details

Number of Seats: Inside: 160 Outside: \_\_\_\_\_ Number of Employees: 25

Length of Permit: ☐ Annual ☒ Seasonal Operation

Hours of Operation: 5:00 PM To 11:00 PM

Days Closed Excluding Holidays: None

If Seasonal: Approximate Dates of Operation: 4 / 17/2020 To 11 / 29 / 2020

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

Howard Case 1469442

Allergen Awareness Certification (attach copy):

Soxen Case 2802650

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:

Robert J. Rite

Date:

12/18/19

\*\*\*\*\*

##### 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

Date

2/3/2020

**Number: 2020-071**

**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 Rice, mgr., d/b/a Whitman House Restaurant**

Whose place of business is **5 Great Hollow Rd**

Type of business and any restrictions **Restaurant**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2020**

Date Issued:  
*Feb 3, 2020*



**Emily Beebe, RS**

**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.**

HEALTH DEPARTMENT  
TOWN OF TRURO

DEC 18 2019

RECEIVED BY

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: Whitman House Rest.

Address: 7 Great Hollow Road

City/State/Zip: Truro, MA 02666

Phone #: 508-487-1740

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

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

**Business Type (required):**

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

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

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

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

Insurance Company Name: Fireside Insurance Agency Inc.

Insurer's Address: 36 Shank Painter Road

City/State/Zip: Provincetown MA 02657

Policy # or Self-ins. Lic. #: [REDACTED] Expiration Date: 11/28/2020

**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: Robert J. Kro Date: 12/18/19

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

DEC 18 2019

RECEIVED BY \_\_\_\_\_



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

**FIRE PROTECTION SYSTEMS  
ANNUAL TEST REPORT**

BUSINESS NAME: Whitman House Rest + Bus. Condos

OWNER/MANAGER: Robert Rice

ADDRESS: S Great Hollow Rd.

PHONE #: [REDACTED]

NUMBER OF UNITS: 4

CONTACT PERSON: Bob Rice

ADDRESS: S Great Hollow Rd.

BUILDING DEPARTMENT  
TOWN OF TRURO

MAR 07 2019

RECEIVED BY \_\_\_\_\_

TESTING COMPANY: Quahog Electric Co.

TESTING ELECTRICIAN/TECHNICIAN: Arthur Martinez

COMPANY PHONE #: 487-4222 HOME PHONE #: \_\_\_\_\_

LICENSE #: A10653

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: 3/7/19

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.**



**ServSafe**  
National Restaurant Association

HEALTH DEPARTMENT  
TOWN OF TRURO

DEC 18 2019

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# ServSafe® CERTIFICATION

HOWARD CASE

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

14694442

CERTIFICATE NUMBER

5243

EXAM FORM NUMBER

2/6/2017

DATE OF EXAMINATION

2/6/2022

DATE OF EXPIRATION

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



#0855

*Sherman L Brown*  
Sherman Brown  
SVP, National Restaurant Association Solutions

In accordance with Maritime Labour Convention, 2006, Resolution ADM/L.1048/2018 (Declaration of Maritime Labour Convention).

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This document cannot be reproduced or altered.

1/10/19



Contact us with questions at 175 W Jackson Blvd. Ste 1500, Chicago, IL 60604 or ServSafe@nraef.org

# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: SUSAN CASE

Certificate Number: 2802850

Date of Completion: 3/3/2017

Date of Expiration: 3/3/2022

HEALTH DEPARTMENT  
TOWN OF THURO

DEC 18 2019

RECEIVED BY:



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

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

Issued By:



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

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

# *Certificate* OF COMPLETION

HEALTH DEPARTMENT  
TOWN OF TROBID

DEC 18 2019

RECEIVED BY

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

**CPR / AED / First-Aid**

(Adult / Child / Infant / Choking)

AED / Injury & Universal Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

**Howard Case**

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 2 years. Course administered in accordance with the **2015** ECC/ILCOR and AHA® guidelines. ID#: **EA6C6C**



COURSE PROVIDED BY:  
**National CPR Foundation**

Completion: **December 16, 2019**

Instructor: **Paul J. Scruton**

Signature: *Paul Scruton*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2019

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

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

## PRODUCER

FIRESIDE INSURANCE AGENCY, INC.  
36 Shank Painter Road #10  
P.O. Box 760  
Provincetown, MA 02657

## CONTACT

NAME

PHONE

(A/C No. Ext.)

E-MAIL

ADDRESS

FAX  
(A/C No.)

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: NorGUARD Insurance Company

31470

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

Robert L Rice Inc  
Whitman House  
PO Box 1086  
Truro, MA 02666

## 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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		08/01/2019	08/01/2020	X PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Employees: Full Time: 22; Part Time: 0 Governing Class Description: RESTAURANT NOC

HEALTH DEPARTMENT  
TOWN OF TRURO

DEC 18 2019

RECEIVED BY

## CERTIFICATE HOLDER

TOWN OF TRURO  
TOWN HALL  
Truro, MA 02666

## 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:

*David H. Linn*



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

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

HEALTH DEPARTMENT  
TOWN OF TRURO

DEC 19 2019

RECEIVED BY

## TAX STATUS REQUEST FOR LICENSING

Date 12/18/2019

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

Owner's Name

Business Name Whitman House Business Condos / *Restaurant*

*same address*

Residential Address 5 Great Hollow Rd

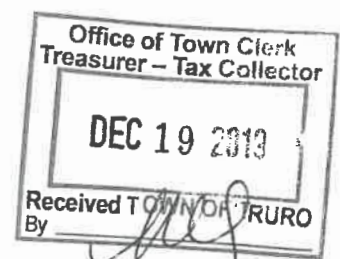
Map and Parcel 42 - 237

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 FY19.*

*Molly Stevens*  
Tax Collector's Signature

12/19/19  
Date





# TOWN OF TRURO

PO Box 2030, Truro MA 02666

Tel: 508-349-7004, Extension: 131 or 124 Fax: 508-349-5508

**PAID**  
CHK 1774 \$75  
2/4/2020

## LICENSE APPLICATION: Condominiums, Cottage Colonies, Motels, Campgrounds, Lodging, Gas Station/Retail Service, Transient Vendor

### Section 1 – License Type & Hours of Operation

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

☐ New

☒ Renewal

RCVD 2019OCT30 PM12:20

ADMINISTRATIVE OFFICE

TOWN OF TRURO

FACILITY: # UNITS

HOURS OF OPERATION:

☐ Motel

☐ Annual

☒ Seasonal

☐ Cottage Colony

Opening Date:

April 1, 2020

☐ Condominium

Closing Date:

Dec. 24, 2020

☐ Campground

Days of the Week Open:

4-7 per wk.

☐ Lodging

☒ Transient Vendor

☐ Gas Station (Please submit your Service Station Compliance Form & Third Part Underground Storage Tank Inspection Report (FP 289))

### Section 2 – Business Information

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

SUSAN KURTZMAN

Print Name of Applicant

Jobi Pottery / RetroTruro

Business Name

SUSAN KURTZMAN

Owner Name

314 Rt 6 unit 3

Street Address of Business

PO Box 2024 Truro, MA

Mailing Address of Business

02666

Business Phone Number

jobipottery@comcast.net

Business E-Mail Address

**Section 3 –MANAGER INFORMATION**

☐ Check if New Manager (if checked, MUST submit Application to Name a Manager)

**Name of Onsite Manager:**

Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (24 Hour Contact): \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature (REQUIRED)

**Name of Offsite Manager:**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: (24 Hour Contact): \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature (REQUIRED)

**Name of Co- Manager:**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

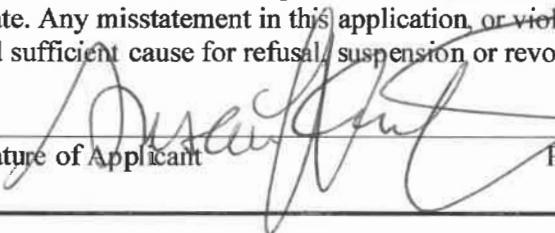
Business Address: \_\_\_\_\_

Phone: (24 Hour Contact): \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Co-Manager's Signature (REQUIRED)

**Section 4 – ATTESTATION**

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

  
Signature of Applicant

SUSAN KURTZMAN  
Print Name

10/30/2019  
Date

**Additional Applications & Documentation****REQUIRED FOR ALL MOTELS, COTTAGE COLONIES, CONDOMINIUMS & CAMPGROUNDS**

- ☐ Smoke detector/fire protection certification
- ☐ IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance
- ☐ IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit
- ☐ Business certificate with the clerk's office

**ADDITIONAL (SEPARATE) APPLICATIONS THAT MAY PERTAIN TO YOUR OPERATION**

- ☐ Application for Pool or Hot Tub Permit
  - ☐ Application to Name a Manager
  - ☐ Entertainment License
  - ☐ Application to sell Tobacco
  - ☐ Application for Food Service Permit
- (rev 9/2017)





**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**

[www.mass.gov/dia](http://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:

Betro Truro/Tobi Pottery

Address:

Po Box 2024 Truro (314 Rt 6 Unit 3)

City/State/Zip:

MA 02666

Phone #:

[REDACTED]

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

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

**Business Type (required):**

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

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

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

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

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

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

ATTACHED

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

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

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

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

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

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

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

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

2/4/2020

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/19

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>  Mycock Insurance Agency 20 School Street, PO Box 437 Cotuit, MA 02635	<b>CONTACT NAME:</b> Lisa E. Mycock	
	<b>PHONE (A/C No. Ext):</b> 508-428-3511	<b>FAX (A/C No.):</b> 508-420-6584
	<b>E-MAIL ADDRESS:</b> lmycock@mycockagency.com	
<b>INSURED</b>  Retro Truro/Jobi Potter LLC PO Box 2024 Truro, MA 02666	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Norfolk & Dedham	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
	UMBRELLA LIAB					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB					
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$
	DED RETENTION \$					AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		07/06/19	07/06/20	E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Pottery.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Truro  
Truro Town Hall 24 Town Hall Road  
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.

*Barbara J. Souza*

# DRAFT

**Truro Budget Task Force  
Monday, February 3, 2020  
Truro Town Hall Selectmen's Chambers**

**Finance Committee Members Present:** Vice-chair Richard Wood

**Board of Selectmen Members Present:** Chair Janet Worthington; Robert Weinstein, Susan Areson

**Present:** Town Manager Rae Ann Palmer; Assistant Town Manager Kelly Clark; Recreation & Beach Director Damion Clements; Council on Aging Director Mary-Elizabeth Briscoe; Conservation & Health Agent Emily Beebe

Select Board Chair Janet Worthington opened the meeting at 10:00 a.m.

## **Fiscal Year 2021 Budget for Conservation and Health**

Conservation and Health Agent Emily Beebe pointed out increases for the hazardous waste collections, staff development, and development of a drinking water monitoring program. Support staff between Building and Health & Conservation Departments are shared, and an effort to move these two shared positions from the Building Department budget to the Conservation and Health Budget was noted. Ms. Beebe described the tasks the Assistant Agent performs. She explained the plans for ground water quality monitoring on Beach Point, which is a continuation of a study begun by Weston & Sampson.

## **Fiscal Year 2021 Budget for Building Department**

Assistant Town Manager Kelly Clark presented the Building Department Budget because the Building Commissioner was unable to attend the meeting. There is an increase in the salary and wage line which includes the office assistants. There is no change to services or supplies. There were decreases in Other Charges since there had been some reallocation of money. Ms. Palmer broke down the Building Commissioner's salary line, which includes the plumbing and electrical inspectors and special inspections. Ms. Palmer said she could provide the Task Force with the revenue generated from inspection fees and a trends analysis in building permits.

## **Fiscal Year 2021 Budget for Recreation and Beach**

Recreation and Beach Director Damion Clements reviewed an updated draft for the Fiscal Year 21 Budget with figures higher than those in the budget workbook. He introduced the budget with an overview of services that were retained and added. Salary and wages had gone up with step increases and an extra 5 days for the summer season. Members of the Task Force said that they would like to see more winter activities in the budget. Mr. Clements said his department is always shifting their program schedule. Task Force members suggested activities for the winter. Robert Weinstein said that he was interested in seeing a demographic breakdown of activities and fees generated by the services offered. There is data available on this. Ms. Palmer discussed the benefits of community sustainability by offering young families summer activities

for their children. Richard Wood suggested adjusting beach hours at the start of the season to help with staff expenses.

Damion Clements discussed other increases: beach call boxes, in-house training, data processing, uniforms, and lifeguard equipment. Task Force members discussed housing and the recruiting process for 8 lifeguards. In the unclassified charges section, there are added expenses for meetings and conferences that are new.

Task Force members struggled with the balance of providing services and finding money to pay for them. Robert Weinstein said he was troubled by the high salary lines and overall increase in the budget. He also was concerned about loss of parking spaces for beach access, and he suggested long-range plans for consolidated parking areas with transport to the beaches.

Ms. Palmer explained use of the Revolving Fund for Recreation programs. She said that staff will work on decreased hours at the beach office early in the season, and Mr. Clements promised to provide numbers on the demographics for users of the services and the fees that offset the services. He will also conduct a survey of families with school aged children. Kelly Clark recommended short, targeted questions for the survey.

### **Possible Additional Budget Expense**

Ms. Palmer said that passage of the municipal single-use plastic water bottle ban at Annual Town Meeting would result in an unintended additional cost. She said the Town would need to budget money to cover provisions for water on municipal property.

### **Fiscal Year 2021 Budget for Council on Aging**

The new Council on Aging Director Mary-Elizabeth Briscoe introduced herself and explained changes in salary for the Director and the Outreach Coordinator. There are increases for the instructor fee in the community lunch program, she said. The lunch program is not sustaining itself yet, but she has been working to improve the program. The Friends of the COA and the COA Revolving Fund give the lunch program financial support. There is potential for grant money, Ms. Briscoe said.

Ms. Briscoe said that trainings, conferences, dues and the licensing line had increases. Ms. Briscoe described the types of trainings she foresees. Robert Weinstein suggested future use of electric vehicles that would eliminate the need for fuel. Ms. Palmer said that DPW Director Jarrod Cabral is looking into more electric vehicles, but she did not know if electric vans are available yet. Ms. Briscoe said she could provide statistics on the COA vehicle's mileage and costs. Mr. Wood offered to meet with Ms. Briscoe to discuss ideas for lunch sponsorship and volunteer drivers for meal deliveries. He and Ms. Palmer discussed liability issues for volunteer drivers. Ms. Briscoe said she has been working on a volunteer program similar to Wellfleet's Nauset Neighbors.

### **Adjournment**

Janet Worthington moved to adjourn. Robert Weinstein seconded, and the motion carried 3-0. The meeting was adjourned at 11:33 p.m.

Respectfully submitted,

Mary Rogers, Secretary

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Janet Worthington, Chair

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Susan Areson

Absent

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Kristen Reed, Clerk

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Robert Weinstein, Vice-chair

**Public Records Material of 2/3/2020**

FY21 Budget booklet

Updated Recreation and Beach Budget worksheet