



Truro Select Board

Regular Meeting and Work Session

Tuesday, May 5, 2020

Remote Meeting-2:00pm

AMENDED

This will be a remote meeting. Citizens can view the meeting on Channel 18 in Truro and on the web on the "Truro TV Channel 18" button under "Helpful Links" on the homepage of the Town of Truro website. Click on the green "Watch" button in the upper right of the page. **To provide comment during the meeting please call in toll free at 1-877-568-4106 and enter the following access code when prompted: 594-753-893.** Please note that there may be a slight delay (15-30 seconds) between the meeting and the live-stream (and television broadcast). If you are watching the meeting and calling in, please lower the volume on your computer or television during public comment so that you may be heard clearly. We ask that you identify yourself when calling in to help us manage multiple callers effectively. Citizens may also provide public comment for this meeting by emailing the Town Manager at rpalmer@truro-ma.gov with your comments.

1. PUBLIC COMMENT

- A. Covid-19 Update - Staff

2. PUBLIC HEARINGS NONE

3. BOARD/COMMITTEE/COMMISSION APPOINTMENTS

- A. Interview Town Manager Screening Committee Member Applicant: Jim Summers

4. TABLED ITEMS NONE

5. SELECT BOARD ACTION

- A. Appointment of Town Manager Screening Committee Members
Presenter: Jan Worthington, Chair
- B. Discussion and Possible Vote on Reopening Task Force Membership and Structure
Presenter: Jan Worthington, Chair
- C. Suspension of Work Session Policy Prohibiting Public Comment
Presenter: Jan Worthington, Chair
- D. Approval of Defecit spending and Emergency short-term borrowing in response to the Covid-19 Pandemic
Presenter: Trudi Brazil, Town Accountant
- E. Discussion of the Board of Health Rule and Order Requiring the Use of a Mask and other Protective Measures
Presenter: Emily Beebe, Health and Conservation Agent
- F. Discussion and Vote to Sign On to Seasonal Vistor Guidance
Presenter: Rae Ann Palmer, Town Manager

6. CONSENT AGENDA

- A. Review/Approve and Authorize Signature:
 - 1. *Amendment No. 1 to Land Development Option Agreement with Community Housing Resources, Inc.*
- B. Review and Approve 2020 Seasonal Licenses: Accent on Design (Transient Vendor) and Hold and Captain's Choice Restaurant (Common Victualer)

7. SELECT BOARD REPORTS/COMMENTS

8. TOWN MANAGER REPORT

9. NEXT MEETING AGENDA: May 12 and May 19

Work Session

1. Open Meeting
2. Discussion of the FY2021 Budget and Possible Revenue Impacts of Covid-19
3. Discussion of Business Licensing Fees and Impact of Suspension of Fees
4. Discussion of the Revised Annual Town Meeting Warrant
5. Discussion of the Annual Town Meeting
6. Adjourn



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Nicole Tudor, Executive Assistant

REQUESTED MEETING DATE: May 5, 2020

ITEM: Interview Town Manager Screening Committee Applicants

EXPLANATION: The following applicant: Jim Summers, would like to serve on the Town Manager Screening Committee and has submitted their respective Application to Serve.

SUGGESTED ACTION: MOTION TO

ATTACHMENTS:

1. Applications to Serve: Jim Summers



TOWN OF TRURO

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Jim Summers HOME TELEPHONE: [REDACTED]
ADDRESS: 49 Castle Road, Truro WORK PHONE: NA
MAILING ADDRESS: PO Box 717, Truro 02666 E-MAIL: [REDACTED]
FAX: NA MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: Town Mgr screening cmt.

SPECIAL QUALIFICATIONS OR INTEREST: Please see Attachment A
RCUD 2020MAR4 PM11:39
ADMINISTRATIVE OFFICE
TOWN OF TRURO

COMMENTS: It will be important to have a clearly articulated job description for the Town Manager position as a basis for applicant review.

SIGNATURE: _____ DATE: _____

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

SIGNATURE: [Signature] DATE: 5.4.2020

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____

Attachment A
Jim Summers

Application to serve on an appointed multi-member body for the hiring of Truro's Town Manager

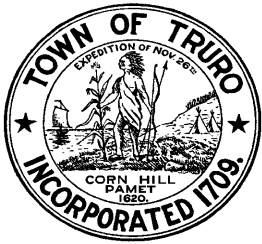
Special Qualification or Interest:

I bring to this committee over 30 years of executive management experience that included the hiring of hundreds of employees over this period of time. Prior to retirement, I was the CFO of a 225-person venture funded software company and participated on the selection committee for all senior level staff. We utilized a structured process for all interviews using a rating system for each applicant. Our attorneys worked with us to create this process to ensure we adhered to all legal requirements. I found the structured approach to be in the best interest of the applicant along with the efficiencies of analyzing the scoring/remarks by others on the selection committee. A similar process was used for all reference checking. Efforts were made through committee networking to reach out to previous employers and co-workers who provided an insight into the applicant's applicable skills, work ethic and teamwork.

I am a full-time resident of Truro and have been a homeowner since 1995. I am interested in participating on the committee since I do not represent any elected Boards or Committees and would bring an unbiased approach to hiring the person who would professionally represent the entire town population, both full and part-time residents along with required local and state regulatory offices.

I am currently on the Boards of the Truro Historical Society and the Truro Historical Commission which provide services to enrich the Town and its visitors without any political implications. Therefore, I am able to participate on the screening committee without bringing any personal agendas that could influence choosing the most appropriate candidate.

I believe that I would provide insights that would ensure the screening committee is fully aligned and ready to select the best candidate for this challenging and important Town position.



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Jan Worthington, Chair

REQUESTED MEETING DATE: May 5, 2020

ITEM: Discussion of the Appointment of Town Manager Screening Committee Members

EXPLANATION: The following nine applicants were interviewed to serve on the Town Manager Screening Committee: John Dundas, Clinton Kershaw, Nancy Medoff, Robert Panessiti, Dan Schreiner and Paul Wisotzky, Kristen Roberts, Susan Howe and Jim Summers.

At the January 21st the Board decided that there would be seven members on the committee: two Select Board members, the Police Chief, and four community members. The committee size was revisited at the April 28, 2020 meeting and remains at seven. Since the interview process is complete, the next step is to discuss all the candidates and appoint four.

SUGGESTED ACTION: *MOTION TO appoint*

- 1.
- 2.
- 3.
- 4.

to the Town Manager Screening Committee until the screening process is completed and to authorize the Town Manager to sign the Appointment slips.

ATTACHMENTS:

1. Applications to Serve: John Dundas, Clinton Kershaw, Nancy Medoff, Robert Panessiti, Dan Schreiner, Paul Wisotzky, Kristen Roberts, Susan Howe and Jim Summers

RCVD 2020FEB19 AM11:01
ADMINISTRATIVE OFFICE
TOWN OF TRURO



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: John R. Dundas HOME TELEPHONE: [REDACTED]

ADDRESS: 4 Bridge Rd WORK PHONE: [REDACTED]

MAILING ADDRESS: P.O. Box 649 E-MAIL: [REDACTED]

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

TOWN MANAGER SEARCH COMMITTEE

SPECIAL QUALIFICATIONS OR INTEREST: BOARD MEMBER ZBA

ZBA, VETERAN GROUPS (VFW, AUJA, ALUMNI)

- BUSINESS OWNER, MULTIPLE INDUSTRIES (20 YEARS)

- 26 Year Green U.S. Military, COMMANDER, AIDE TO POTUS

COMMENTS: - SERVED ON POLICE CHIEF SEARCH COMMITTEE

SIGNATURE: [Signature] DATE: 19 Feb 2020

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

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF

APPLICABLE): _____



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

RECEIVED 2020 FEB 11 AM 09:40
ADMINISTRATIVE OFFICE
TOWN OF TRURO

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Clinton Kershaw HOME TELEPHONE: [REDACTED]

ADDRESS: 9 Highland Ave North Truro WORK PHONE: _____

MAILING ADDRESS: PO Box 909 North Truro 02652 E-MAIL: [REDACTED]

FAX: _____ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: Town Manager

Search

SPECIAL QUALIFICATIONS OR INTEREST: The Town Managers job is not as easy as some think. It requires a great many skills that are specific to this job. Once we identify the skill set we desire for the position we can then evaluate the candidates. I hope we can piggy back on the Provincetown search, which may give us a head start on finding some very qualified candidates.

COMMENTS: I have hired many people in my life and I have written many job descriptions. I have run my own businesses for 40 years. I think I have a handle on the complexity of the job and I understand how Town Government should work. I have also negotiated contracts, union and non-union and served on boards. I feel I would be a good addition to this team. And I have the time.

SIGNATURE: [Signature] DATE: 2.11.20

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

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Nancy Medoff HOME TELEPHONE: [REDACTED]

ADDRESS: 7 Fishermans Road WORK PHONE : [REDACTED]

MAILING ADDRESS: PO Box 502 E-MAIL: [REDACTED]

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

Screening Committee Town Manager

SPECIAL QUALIFICATIONS OR INTEREST: _____

Please see attached application - thank you!

COMMENTS: _____

SIGNATURE: [Signature] DATE: 2/19/20

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

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____

As a new (ish) resident and voter in Truro I would like to offer my expertise and add value to the screening process for the very important position of Town Manager.

Prior to retiring from corporate America, my executive leadership positions in the professional world offered me the opportunity to hone my interviewing skills and, in many cases, ask behavioral questions the answers to which focus on how the candidate will behave in certain situations. This deeper understanding demonstrates not just how the candidate is qualified, then takes this a step further and indicates how they will behave. This critical difference in many cases led me to decide in favor of a candidates based on how they act, their decision-making process and how they process through complex issues. I believe this is a game changer in the process and would be incredibly valuable for this very important position.

I am keen to become more involved in town matters and contribute based on my skill sets to benefit the town and our citizens. I thank you for your consideration and I welcome the opportunity to discuss further.

Thank you very much!

Nancy Medoff



7 Fishermans Road



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Robert Panessiti
 ADDRESS: 20 Knowles Heights Rd
 MAILING ADDRESS: 552 E Broadway St Boston MA 02
 HOME TELEPHONE: [REDACTED]
 WORK PHONE: [REDACTED]
 E-MAIL: [REDACTED]

FAX: _____
 MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: Town Manager Search Committee Screening Process

SPECIAL QUALIFICATIONS OR INTEREST: Having served on the Finance Committee for the better part of the past twenty years; the Charter Review Committee for the past 5 years; and having chaired the Public Safety/Fire Department Assessment task force, I have a deep understanding of the skills necessary for the town manager to be successful and move the initiatives of the Select Board forward.

COMMENTS: We are at a crossroads in Truro. The year round population is dwindling, public infrastructure needs are growing and we need a town manager that understands the complexities involved in preserving the nature of Truro, while moving us forward in a safe and thoughtful manner. With direction and governance provided by the Select Board, it is critical that we hire a professional with the experience and ability to provide direction to execute that vision for the benefit of the commu

SIGNATURE: *[Handwritten Signature]* DATE: 02/09/2020

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

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____



TOWN OF TRURO

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Dan Schreiner HOME TELEPHONE: [REDACTED]

ADDRESS: 8 Leeward Passage, Truro MA 02666 WORK PHONE : _____

MAILING ADDRESS: PO Box 720, Truro MA 02666 E-MAIL: [REDACTED]

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

Town Manager Screening Committee

SPECIAL QUALIFICATIONS OR INTEREST: I've owned my home in Truro for the past 8 years, and have an interest in many of the issues impacting this town, including the need for housing to meet the needs of young families and the ever growing senior population. I've recently been appointed to the COA and now serve as vice-chair. My background includes experience in finance

COMMENTS: and an understanding of the fiscal needs of organizations, which can easily translate to an understanding of the fiscal needs of Truro. I'm the Treasurer on the Board of the Provincetown Theater. My background also includes working with state programs and the federal government, in fiscal management, public health programs, and policy. In my career, I've interviewed and been part of the search committee on countless hires.

SIGNATURE: [Signature] DATE: 2/17/20

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

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: PAUL WISOTZKY HOME TELEPHONE: [REDACTED]

ADDRESS: 2 BLUEBERRY LANE WORK PHONE : 11

MAILING ADDRESS: PO BOX 1194 02666 E-MAIL: [REDACTED]

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

TOWN MANAGER SCREENING COMM.

SPECIAL QUALIFICATIONS OR INTEREST: AS A FORMER SELECT BOARD MEMBER/CHAIR I AM KEENLY AWARE OF THE IMPORTANCE OF CHOOSING A QUALIFIED PROFESSIONAL TOWN MANAGER. My EXPERIENCE IN TOWN GOVERNMENT WILL HELP ME ASSESS STRONG CANDIDATES SUCH COMMENTS: THAT THE SCREENING COMM. WILL BE ABLE TO FORWARD ON TO THE SELECT BOARD A DIVERSE SET OF QUALIFIED CANDIDATES TO CHOOSE FROM. I WOULD GREATLY LOOK FORWARD TO PARTICIPATING IN THIS PROCESS. THANK YOU FOR YOUR CONSIDERATION.

SIGNATURE: [Signature] DATE: 2.15.20

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

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Susan Howe HOME TELEPHONE: [REDACTED]

ADDRESS: 12 Houser Way WORK PHONE: [REDACTED]

MAILING ADDRESS: PO Box 973, Truro MA 02666 E-MAIL: [REDACTED]

FAX: _____ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: Town Manager
Search Committee. Currently serving as:
Commission on Disabilities; CPC

SPECIAL QUALIFICATIONS OR INTEREST: In my professional role as a
Rehabilitation Counselor at Tufts Medical Center I participated
in search committees for many medical and allied health
professionals.

COMMENTS: Since making Truro my permanent, full time home,
I have participated on town boards (Disabilities, Concerts,
CPC), as the President of the town's Historical Society and in
public forums. I care deeply about our town and want to
help Truro move positively into the future.

SIGNATURE: Susan Howe DATE: 2-21-20

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

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Kristen Roberts HOME TELEPHONE: [REDACTED]
 ADDRESS: 7 Castle Road WORK PHONE: [REDACTED]
 MAILING ADDRESS: _____ E-MAIL: [REDACTED]
 FAX: _____ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: Committee

to hire the town manager
 SPECIAL QUALIFICATIONS OR INTEREST: Town business owner
for 12 years, Vice-president Truro Chamber
of Commerce

COMMENTS: _____

SIGNATURE: [Signature] DATE: 2/14/2020

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

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____



TOWN OF TRURO

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

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Jim Summers HOME TELEPHONE: [REDACTED]
ADDRESS: 49 Castle Road, Truro WORK PHONE: NA
MAILING ADDRESS: PO Box 717, Truro 02666 E-MAIL: [REDACTED]
FAX: NA MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: Town Mgr screening cmt.

SPECIAL QUALIFICATIONS OR INTEREST: Please see Attachment A
RCUD 2020MAR4 PM11:39
ADMINISTRATIVE OFFICE
TOWN OF TRURO

COMMENTS: It will be important to have a clearly articulated job description for the Town Manager position as a basis for applicant review.

SIGNATURE: _____ DATE: _____

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

SIGNATURE: [Signature] DATE: 5.4.2020
INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____

Attachment A
Jim Summers

Application to serve on an appointed multi-member body for the hiring of Truro's Town Manager

Special Qualification or Interest:

I bring to this committee over 30 years of executive management experience that included the hiring of hundreds of employees over this period of time. Prior to retirement, I was the CFO of a 225-person venture funded software company and participated on the selection committee for all senior level staff. We utilized a structured process for all interviews using a rating system for each applicant. Our attorneys worked with us to create this process to ensure we adhered to all legal requirements. I found the structured approach to be in the best interest of the applicant along with the efficiencies of analyzing the scoring/remarks by others on the selection committee. A similar process was used for all reference checking. Efforts were made through committee networking to reach out to previous employers and co-workers who provided an insight into the applicant's applicable skills, work ethic and teamwork.

I am a full-time resident of Truro and have been a homeowner since 1995. I am interested in participating on the committee since I do not represent any elected Boards or Committees and would bring an unbiased approach to hiring the person who would professionally represent the entire town population, both full and part-time residents along with required local and state regulatory offices.

I am currently on the Boards of the Truro Historical Society and the Truro Historical Commission which provide services to enrich the Town and its visitors without any political implications. Therefore, I am able to participate on the screening committee without bringing any personal agendas that could influence choosing the most appropriate candidate.

I believe that I would provide insights that would ensure the screening committee is fully aligned and ready to select the best candidate for this challenging and important Town position.



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Rae Ann Palmer, Town Manager

REQUESTED MEETING DATE: May 5, 2020

ITEM: Discussion and Possible Vote on Reopening Task Force Membership and Structure

EXPLANATION: The Chair requested that this item be placed on the Agenda for discussion and possible vote. Staff is currently discussing reopening plans and the Chair and I felt that bringing the Select Board and other parties into the discussion would be both helpful and prudent. The Board can decide to have some, or all of the Select Board participate, the Town Manager, staff, and other individuals as determined.

SUGGESTED ACTION: *MOTION TO approve a Reopening Task Force to include_____.*

ATTACHMENTS:

1. None



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Jan Worthington, Chair

REQUESTED MEETING DATE: May 5, 2020

ITEM: Suspension of Work Session Policy Prohibiting Public Comment

EXPLANATION: Consideration of suspending, during this unprecedented public health emergency, the policy for no public comment at work session.

SUGGESTED ACTION: *MOTION TO allow public comment during work sessions or to continue to not allow public comment during work sessions.*

ATTACHMENTS:

1. Select Board Work Session Policy



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

POLICY MEMORANDUM #56

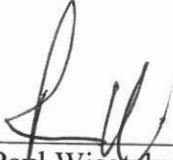
Date: December 15, 2015

Subject: **BOARD OF SELECTMEN WORK SESSIONS**

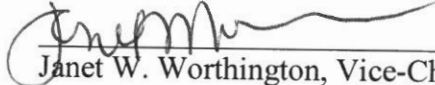
The Truro Board of Selectmen may, by a majority vote of its members, hold work sessions to provide an opportunity for the Board to discuss policy issues in more detail than may be possible during a regular meeting. The less formal work session format provides Selectmen with an opportunity to discuss issues with staff and consultants.

The following ground rules shall govern work sessions:

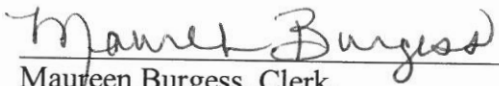
- All work sessions must be held in compliance with the requirements of the Commonwealth's Open Meeting Law.
- The meeting must be open to the public, held in a meeting room that can accommodate the Board, staff and members of the public who wish to attend.
- An Agenda for the meeting must be posted within 48 hours of the day and time of the work session and discussion will be limited to items that appear on the agenda.
- No votes may be taken in work sessions.
- No public hearing may be scheduled for work sessions.
- Comments from the public will not be taken during work sessions.




Paul Wisotzky, Chairman,



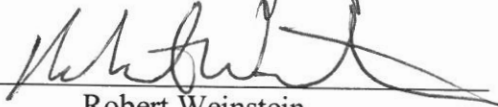
Janet W. Worthington, Vice-Chairman



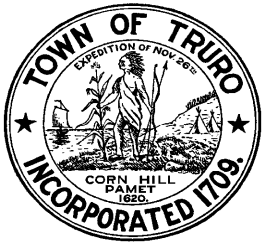
Maureen Burgess, Clerk,



Jay Coburn



Robert Weinstein
Board of Selectmen
Town of Truro



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Accounting

REQUESTOR: Trudi Brazil, Town Accountant

REQUESTED MEETING DATE: May 5, 2020

ITEM: Select Board approval of deficit spending and emergency short-term borrowing in response to the COVID-19 pandemic

EXPLANATION: The Department of Revenue has issued guidelines (please see attached) which allow communities to charge COVID-related expenditures to an un-budgeted account, utilizing any available funds in the treasury. Additionally, if required, communities are allowed to issue temporary notes in anticipation of revenue (RAN's) to provide cash flow until a town meeting is held, a tax rate set and first half 2021 tax revenue is received, or longer, as may be dictated by circumstances.

SUGGESTED ACTION: MOTION TO approve a COVID-19 related emergency expenditures account with a maximum limit of \$150,000; to direct the Town Manager to send a letter to the Director of Accounts requesting authorization for said account and authorization to issue short term notes, if necessary, to cover any deficit in the account that cannot be met by available funds within the Treasury; finally to authorize the Town Manager to contact the Director of Accounts for an increase to the maximum limit should such increase become necessary during the COVID-19 emergency.

ATTACHMENTS:

1. DOR Bulletin 2020-1
2. Draft Letter to MJ Handy, Director of Accounts



Kevin W. Brown
Acting Commissioner of Revenue

Sean R. Cronin
Senior Deputy Commissioner

Bulletin

BUL-2020-01

Emergency Expenditures and Borrowing

TO: Local Officials
FROM: Marie Jane Handy, Director of Accounts
DATE: March 20, 2020
SUBJECT: **Emergency Expenditures Related to COVID-19 under G.L. c. 44, § 31 and
Emergency Short-term Borrowing under G.L. c. 44, § 8(9)**

This Bulletin provides guidance to local officials on emergency expenditures related to COVID-19 under G.L. c. 44, § 31. The provisions of G.L. c. 44, § 31 apply to cities, towns and special purpose districts as defined under G.L. c. 44, § 1, but do not apply to regional school districts.

Note – Legislation is pending which may affect the information contained in this Bulletin. If such legislation is approved, the Director will issue further guidance.

I. Emergency Liabilities in Excess of Appropriation

Under G.L. c. 44, § 31, no department financed by municipal revenue, or in whole or in part by taxation, of any city, town or special purpose district, except Boston, may incur liabilities in excess of appropriation “except in cases of major disaster, including, but not limited to, flood, drought, fire, hurricane, earthquake, storm or other catastrophe, whether natural or otherwise, which poses an immediate threat to the health or safety of persons or property, and then only upon a declaration by the governor of a state of emergency with respect to the disaster” On March 10, 2020, the Governor declared a state of emergency with regard to COVID-19. As a result, cities, towns and special purpose districts may expend from any available funds in the treasury in relation to the emergency without an appropriation by following the procedure described below.

II. Payment of Liabilities After Director’s Approval

Emergency liabilities in excess of appropriation may only be paid after written approval by the Director of Accounts (Director) of the Division of Local Services (DLS). Requests for written approval must be made by the entity’s chief executive officer (CEO). Under G.L. c. 4, § 7, clause Fifth B, the CEO is the mayor in a city and the selectboard in a town unless some other municipal office is designated to be the chief executive officer under the provisions of a local charter. In a district, the prudential committee, if any, otherwise the commissioners shall act as the CEO. The request must include the following:

- a spending estimate to address the emergency situation
- a description of the types of expenditures anticipated to be made.

Payments may be made from any available funds in the treasury. The Director's written payment authorization will deem these expenditures to be legal overdrafts. The spending estimate may be increased upon approval by the Director, if needed. The Director's approval provides immediate spending authority until other financing sources, such as emergency borrowing or appropriations from available funds, can be put in place to cover the spending.

Even if the entity intends to emergency borrow as will be shown in this Bulletin, the Director's payment approval is still necessary so as to not negatively affect the calculation of free cash.

III. Allowable and Non-Allowable Liabilities

Allowable liabilities in excess of appropriation which may be incurred include personnel costs, overtime and other costs associated with the emergency, including but not limited to, costs related to extraordinary cleaning of public buildings, maintaining the health and safety of employees or the public, including the purchase of personal protective supplies and equipment, and costs to implement remote participation of local boards or committees in meetings under the Open Meeting Law as described in the Governor's Order dated March 12, 2020 – Order Suspending Certain Provisions of the Open Meeting Law, G.L. c. 30A, § 20.

IV. Accounting for Expenditures

After receiving the Director's written payment authorization, the local accounting officer may either:

- establish a COVID-19 emergency account to charge expenditures (recommended); or
- charge any applicable existing account(s). If this option is chosen, by fiscal year end, the Director's authorized payments may be transferred by the local accounting official without appropriation to a COVID-19 emergency account as indicated above. If a sufficient balance remains in the account(s) as of June 30, such a transfer may be deemed unnecessary.

V. Providing for an Emergency Account Deficit

An emergency account deficit may be provided for in the current fiscal year's Tax Rate Recap, with or without appropriation from the tax levy, if the tax rate has not yet been set. Otherwise, the deficit must be provided for in the next fiscal year's Tax Rate Recap unless otherwise indicated by the Director. Additional options include:

- appropriating from certified free cash or other allowable available funds;
- transferring under G.L. c. 44, § 33B;
- applying applicable insurance reimbursements;
- borrowing short or long term under G.L. c. 44, § 8(9), and/or G.L. c. 44, § 8(9a), the proceeds from which must be received prior to tax rate certification for the deficit to be deemed provided for

VI. Reporting of Expenditures

Emergency payments as of June 30th which have not been provided for are reported by the accounting officer or treasurer to the board of assessors to include in the next annual Tax Rate Recap unless otherwise provided for, so long as any proceedings brought under G.L. c. 40, § 53 regarding restraint of illegal appropriations are terminated.

VII. Emergency Short-term Emergency Borrowing under G.L. c. 44, § 8(9)

Cities, towns and special purpose districts may borrow through short-term notes to fund emergency payments approved by the Director under G.L. c. 44, § 31 for a period not more than 2 years or such longer period up to 10 years as the Director shall determine after considering the ability of the city, town or district to provide other essential public services and pay, when due, the principal and interest on its debts, the amount of federal and state payments likely to be received for the purpose of the appropriations and such other factors as the Director may deem necessary or advisable.

To use this short-term emergency borrowing option, the municipality or district must (1) authorize the borrowing and (2) obtain the approval of the borrowing from the Director. The borrowing may be authorized (1) in the regular manner by two-thirds vote of the municipality or district's legislative body, and in a city with the approval of the mayor if required by charter, or (2) under an expedited procedure authorized by the treasurer of the city, town or district, with the approval of the chief executive officer in a city or town, or the prudential committee, if any, or by the commissioners in a district.

Short-term borrowing may be paid down at maturity by applying without appropriation any FEMA or similar reimbursements received regarding the emergency expenditures or insurance reimbursements received regarding the emergency expenditures less than \$150,000 with approval of the chief executive officer under G.L. c. 44, § 53.

For purposes of 8(9), emergency means:

“a sudden, unavoidable event or series of events which could not reasonably have been foreseen or anticipated at the time of submission of the annual budget for approval; provided, further, that emergency shall not include the funding of collective bargaining agreements or items that were previously disapproved by the appropriating authority for the fiscal year in which the borrowing is sought;”

For more information on this borrowing option, please contact Bill Arrigal in the DLS Public Finance Section at (617) 626-2399 email: arrigal@dor.state.ma.us. For other questions regarding this Bulletin, please contact your Bureau of Accounts field representative.

May 6, 2020

VIA FIRST CLASS MAIL & EMAIL (covid19dls@dor.state.ma.us)

MJ Handy, Director of Accounts
Division of Local Services
100 Cambridge Street, 7th Floor
Boston, MA 02114

RE: Approve Emergency Expenditures Account and Temporary Borrowing related to COVID-19 costs

Dear Director Handy:

The Town of Truro respectfully seeks authorization from the Director of Accounts of the Division of Local Services to approve an emergency expenditures account with an anticipated limit of \$150,000 for expenses associated with COVID-19 as referenced below. Additionally, the Select Board requests authorization to issue temporary notes, in anticipation of revenue should it become necessary to cover Coronavirus related expenditures.

On May 5, 2020, the Truro Select Board approved the following FY20 Coronavirus COVID-19 expense account with a limit of \$150,000 for spending associated with the Division of Local Services MA Department of Revenue guidance provided by Bulletin 2020-1 as referenced below:

“Allowable liabilities in excess of appropriation which may be incurred include personnel costs, overtime and other costs associated with the emergency, including but not limited to, costs related to extraordinary cleaning of public buildings, maintaining the health and safety of employees or the public, including the purchase of personal protective supplies and equipment, and costs to implement remote participation of local boards or committees in meetings under the Open Meeting Law as described in the Governor’s Order dated March 12, 2020 – Order Suspending Certain Provisions of the Open Meeting Law, G.L. c 30A. s 20.”

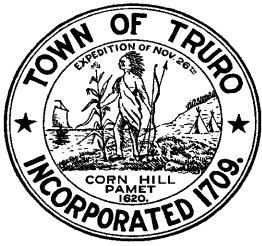
This account will be used for the expressed purpose of charging expenditures of such supplies, materials, equipment and first responder overtime specifically related to COVID-19 eligible reimbursement costs.

Thank you for your consideration.

Sincerely,

Rae Ann Palmer
Town Manager
Town of Truro

CC: Truro Select Board
Town Treasurer
Town Accountant



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Emily Beebe, Health and Conservation Agent

REQUESTED MEETING DATE: May 5, 2020

ITEM: Discussion of the Board of Health Rule and Order Requiring the Use of a Mask and other Protective Measures

EXPLANATION: At their April 30, 2020 meeting the Board of Health voted to approve a Rule and Order requiring the use of a mask and other protective measures. It is effect May 1, 2020. It is attached for your review and vote to support. This rule was prepared with the assistance of Town Counsel.

Health Agent Emily Beebe and Assistant Town Manager Kelly Clark have completed a Select Board Mask Policy for Town employees and Town buildings for the Board's review and approval at the meeting of May 12th.

SUGGESTED ACTION: *MOTION TO endorse the Board of Health's Rule and Order Requiring the Use of a Mask and Other Protective Measures in the Town of Truro.*

ATTACHMENTS:

1. The Board of Health Rule and Order Requiring the Use of a Mask and other Protective Measures



RULE AND ORDER REQUIRING THE USE OF MASKS AND OTHER PROTECTIVE MEASURES

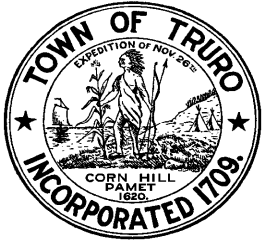
Pursuant to the declaration of a State-wide public health emergency on March 10, 2020, Massachusetts General Laws, Chapter 111, Sections 31 and 122, 310 CMR 11.05, 105 CMR 300.200 and all other authorizing statutes and regulations, we, the members of the Truro Board of Health hereby order the following:

1. In addition to social distancing and in an effort to protect others, all members of the public entering any place allowed to be open to the public pursuant to Governor Baker's Covid-19 Executive Orders, including but not limited to grocery stores, gas stations, the Town's transfer station and the like must wear a cloth face covering that covers their nose and mouth, such as a fabric mask, scarf or bandana, over their nose and mouth. Wearing a mask is not a substitute for social distancing.
2. The cloth face coverings required are not surgical masks or N-95 respirators, which should be left for medical professionals and first responders. See the following links for information on cloth face coverings:
 - a. **Graphic:** <https://www.cdc.gov/coronavirus/2019-ncov/images/face-covering-checklist.jpg>
 - b. **How to make a mask:** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-gettingsick/cloth-face-cover.html>
 - c. **How to wear/wash cloth face coverings:** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
3. The face covering requirements of this Order shall also apply to all members of the public picking up food from a restaurant or other establishment serving food to be consumed off-premises. This requirement shall apply whether the food is picked-up inside or outside. If customers are waiting in line, they shall be wearing masks and standing at least six feet apart. Establishments shall make markings on the floor to ensure that this requirement is met.
4. Notwithstanding any provision in this Order, pursuant to guidance issued by the CDC face coverings should not be placed on young children under 2-years-old, anyone who has trouble breathing, anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance, or anyone who due to disability is unable to wear a mask.
5. All establishments open to the public shall post a sign on their main entrance doors advising consumers that they are required to wear a face covering upon entering.

6. All employees of all essential businesses open to the public shall wear a face covering over their mouth and nose when interacting with the public and within six feet of a co-worker. Employers shall provide face coverings to employees who do not use their own. Employers must prescribe protocols and guidelines for masks and personal protective gear, and hand sanitizer shall be provided by the employer for staff use.
7. Any resident or member of the general public entering or exiting a residential or commercial building complex of greater than one (1) unit must wear a face covering over their nose and mouth while in common areas and communal spaces and must exercise social distancing in these spaces in accordance with CDC guidelines. See these guidelines at: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html
8. Brick and mortar establishments included on Governor Baker's list of essential businesses will be allowed to operate in accordance with the orders and guidance of the Governor and Department of Public Health, including but not limited to effective social distancing and occupancy limit measures.
9. To the extent necessary, this Order shall be enforced by the Truro Health Agent, assistant Health Agent and Truro Police Officers.
10. Whoever violates any provision of this Order may be penalized by a noncriminal disposition process as provided in Massachusetts General Laws, Chapter 40, section 21D and the Town's non-criminal disposition by-law.
11. If non-criminal disposition is elected, then any person who violates any provision of this Regulation shall be subject to: for a first offense, a written warning; for a second offense, a penalty in the amount of one hundred dollars (\$100), for a third offense, a penalty of two hundred dollars (\$200); and for a fourth or subsequent offense, a penalty in the amount of three hundred dollars (\$300.00). Each day or portion thereof shall constitute a separate offense. If more than one, each condition violated shall constitute a separate offense.

This Order shall be effective beginning May 1, 2020 and remain in effect until notice is given, pursuant to the Truro Board of Health's judgement that the Public Health Emergency no longer exists.

**Tracey Rose, Chair
Truro Board of Health**



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Rae Ann Palmer, Town Manager for Senator Julian Cyr

REQUESTED MEETING DATE: May 5, 2020

ITEM: Discussion and Vote to Endorse and Sign the Seasonal Visitor Guidance

EXPLANATION: Enclosed is a message from Senator Cyr regarding the attached guidance:

*Dear Town Managers/Administrators and Select Board/Town Council Chairs,
I'm writing to share updated final region-wide guidance to seasonal residents of Cape Cod, Martha's Vineyard, and Nantucket effective through May 18, 2020. The guidance will be released publicly tomorrow (Friday May 1) and is intended to provide information to seasonal residents regarding the Governor's stay-at-home order and non-essential business closures that are in place through May 18. The guidance is provided in English, Portuguese, and Spanish.*

We encourage towns to post this guidance on your website, and welcome relevant town board/authority to endorse this letter and sign on. To join as a signatory, please email Katharine from my office at Katharine.Thibodeau@masenate.gov.

The aim is to speak with one consistent message to our seasonal residents, second home-owners, summer workers, and visitors to ensure public health and promote economic vitality when we are able to reopen. Over the next several days, the signatories will work with every stakeholders imaginable to share guidance on relevant websites and be sure to reach our seasonal residents. We intend to update the guidance as additional information becomes available and as municipalities and organizations sign on. The guidance was developed in consultation with the Baker-Polito Administration. I shared draft guidance with town managers earlier this week for feedback and input, and I spoke with most of you personally.

Work continues apace to get through the surge and begin to reopen. I'm delighted that two individuals from our region — Linda Markham from Cape Air and Wendy Hudson from Nantucket Bookworks — are among the 17 people appointed to the Governor's Reopening Advisory Board. For Cape Codders, a regional task force has been assembled by the Cape Cod Chamber of Commerce, Barnstable County, and the Cape & Islands Legislative Delegation with participation from Cape Cod Healthcare, several town managers, and community leaders. More information and opportunities to participate in the coming days.

As always, please don't hesitate to call me personally about this or any matters. Thank you for all that you do.

*With admiration,
Julian*

SUGGESTED ACTION: MOTION TO endorse the Guidance to the Cape and Islands Seasonal Community and to authorize the Town Manager to sign on to the letter on behalf of the Truro Select Board.

ATTACHMENTS:

1. Guidance to Cape and Islands Seasonal Community

Guidance to Cape & Islands Seasonal Community

Information for Members of Cape Cod, Martha's Vineyard, and Nantucket's Seasonal Community:

Updated as of May 1, 2020 - Effective through May 18, 2020

Cape Cod, Martha's Vineyard, and Nantucket are small year-round communities whose residents appreciate, welcome, and depend upon you, our seasonal residents, non-resident homeowners, seasonal workforce, and visitors.

During the COVID-19 pandemic and the upcoming summer season, we all understand the desire to return to visit, work, or live on Cape Cod, Martha's Vineyard, and Nantucket. So far, we have been successful in limiting the extent of the impact of COVID-19 on our relatively isolated communities by implementing early and vigilant social distancing measures per the guidance of the public health officials.

However, according to the Massachusetts Department of Public Health, Cape Cod, Martha's Vineyard, and Nantucket remain highly vulnerable to a major surge in new cases due to the highly contagious and insidious nature of this disease and the seasonal nature of our communities that creates an influx in population in the warmer months.

If you are planning to relocate or travel to Cape Cod or the Islands, please help us all to remain safe and healthy by being aware of the following information and taking the precautionary measures outlined below by public health officials.

- Please consider postponing any non-essential travel.
- If you must travel here, please be aware that [Massachusetts Governor Charlie Baker has issued guidance instructing all travelers arriving in Massachusetts to self-quarantine for 14 days.](#)
- In addition, individuals are instructed not to travel to Massachusetts if they are displaying symptoms. We ask that you refrain from traveling to the Cape and Islands even from within Massachusetts if you are displaying symptoms.
- If you must come to the Cape and Islands:
 - Bring all necessary food and supplies with you to enable the 14 day quarantine, including prescriptions, cleaning supplies, personal health items and personal protective equipment.
 - If exhibiting flu-like symptoms or experiencing respiratory illness during or after quarantine, do not go to work. Contact the local healthcare provider in your area for instructions on accessing care.
 - Follow advisories on transportation, especially guidelines if you are traveling by ferry or air.

- The Massachusetts Department of Public Health has:
 - Issued a stay at home advisory
 - Advised that you protect yourself and others with a face covering/mask
 - Advised that individuals practice social distancing by remaining 6 feet away from others
- All businesses and organizations that do not provide “COVID-19 Essential Services” have closed their physical workspaces to workers and customers until May 18.
- Gatherings of 10 or more people are prohibited until May 18.
- Hotels, short term residential rentals, and other short term lodgings are not open for leisure accommodations.
- Be aware that many states have different guidance and restrictions related to COVID-19. For information regarding Massachusetts COVID-19 response, please visit: mass.gov/covid19

Please recognize that many of the amenities you are used to enjoying in our communities are closed during this time.

Because we know you love the Cape and the Islands, please support local organizations to aid individuals and families in our region.

With your help, and all of us working together, Cape Cod, Martha’s Vineyard, and Nantucket can recover from this virus and these challenging economic times. We look forward to welcoming you back. Thank you for supporting this place that we all love by respecting this guidance.



Bill Keating
U.S. Representative
9th Congressional District

Julian Cyr
State Senator
Cape and Islands District

Timothy R. Whelan
State Representative
1st Barnstable District

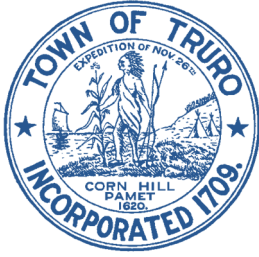
William L. Crocker, Jr.
State Representative
2nd Barnstable District

David T. Vieira
State Representative
3rd Barnstable District

Sarah K. Peake
State Representative
4th Barnstable District

Randy Hunt
State Representative
5th Barnstable District

Dylan A. Fernandes
State Representative
Barnstable, Dukes, and Nantucket District



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

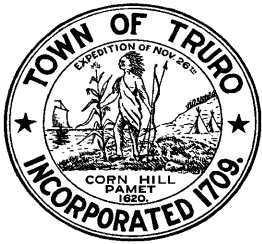
Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

6. **CONSENT AGENDA**

A. Review/Approve and Authorize Signature:

1. *Amendment No. 1 to Land Development Option Agreement with Community Housing Resources, Inc.*

B. Review and Approve 2020 Seasonal Licenses: Accent on Design (Transient Vendor) and Hold and Captain's Choice Restaurant (Common Victualer)



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Rae Ann Palmer, Town Manager

REQUESTED MEETING DATE: May 5, 2020

ITEM: Review and Approve Amendment No 1 Land Agreement with Community Housing Resources

EXPLANATION: In connection with unanticipated ramifications of the COVID-19 pandemic crisis, the Town and Cloverleaf Developer have agreed to extend certain performance dates set forth in the Agreement, In the Land Development Option Agreement dated September 24, 2019 regarding a plan to develop certain property in Truro, Massachusetts.

1. The Agreement shall be amended to reflect that the deadline for the end of the Option Period, as defined in Section 1.1 of the Agreement, shall be extended from June 30, 2020 to December 31, 2020.
2. The Agreement shall be further amended to reflect that the Initial Diligence Period, as defined in Section 1.5 of the Agreement, shall be extended from thirty (30) months to thirty-six (36) months.

SUGGESTED ACTION: **MOTION TO** *approve the Amendment No. 1 to Land Development Option Agreement and to authorize the Town Manager to sign.*

ATTACHMENTS:

1. Amendment No 1 Land Agreement with Community Housing Resources

AMENDMENT No. 1 TO LAND DEVELOPMENT OPTION AGREEMENT

This Amendment No. 1 to Land Development Option Agreement (this “Amendment No. 1”) is made effective as of the ____ day of May, 2020, by and between Town of Truro (the “Town”) and Community Housing Resource, Inc. (the “Developer”).

Reference is hereby made to a certain Land Development Option Agreement dated as of September 24, 2019 by and between the Town and the Developer (the “Agreement”) regarding a plan to develop certain property in Truro, Massachusetts (the “Property”), all as more particularly described in the Agreement. All capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Agreement.

In connection with unanticipated ramifications of the COVID-19 pandemic crisis, the Town and Developer have agreed to extend certain performance dates set forth in the Agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Town and Developer agree as follows:

1. The Agreement shall be amended to reflect that the deadline for the end of the Option Period, as defined in Section 1.1 of the Agreement, shall be extended from June 30, 2020 to December 31, 2020.
2. The Agreement shall be further amended to reflect that the Initial Diligence Period, as defined in Section 1.5 of the Agreement, shall be extended from thirty (30) months to thirty-six (36) months.

In all other respects, the Agreement shall remain unmodified and in full force and effect.

[Signatures appear on next page]

IN WITNESS WHEREOF, the parties have executed this Amendment No. 1 as of the date first above written.

TOWN OF TRURO,
By its Select Board

DEVELOPER:
Community Housing Resource, Inc.

Janet W. Worthington, Chair

By: _____
Name: Edward Malone
Title: President and Treasurer

Kristen Reed, Clerk

Robert Weinstein

Susan Areson

Stephanie Rein

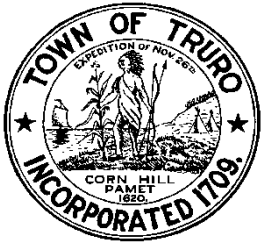
IN WITNESS WHEREOF, the parties have executed this Amendment No. 1 as of the date first above written.

TOWN OF TRURO

DEVELOPER:
Community Housing Resource, Inc.

Rae Ann Palmer, Town Manager
Under the Authority of the Select Board

By: _____
Name: Edward Malone
Title: President and Treasurer



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Licensing Department

REQUESTOR: Nicole Tudor, Executive Assistant

REQUESTED MEETING DATE: May 5, 2020

ITEM: Approval of Seasonal License Renewals for 2020:

Transient Vendor License: Accent on Design, 14A Truro Center Road

Common Victualer License: Captain's Choice, 4 Highland Road

EXPLANATION: The 2020 Seasonal License renewals for the following: Accent on Design, and Captain's Choice, and their supporting documentation are under the authority of the Select Board as Local Licensing Authorities. Except for food service licenses, if you approve these for renewal, they will be held until Governor Baker's closure of non-essential businesses has ended and only upon compliance with all regulations and receipt of the necessary fees. The Health Department licenses have been approved for Captain's Choice 2020 season; there are no Health Licenses issued for Accent on Design.

| Mass General Law | Licenses & Permits Issued by Board of Selectmen | Names of Businesses |
|------------------|---|--|
| Chapter 101 § 2 | Transient Vendor (Seasonal Retail) | Accent on Design 14A Truro Center Rd |
| Chapter 140 §2 | Common Victualer-Cook, Prepare & Serve Food | Captain's Choice 4 Highland Road |

FINANCIAL SOURCE (IF APPLICABLE): N/A

IMPACT IF NOT APPROVED: The applicant will not be issued their 2020 Transient Vendor (Seasonal Retail) for Accent on Design and the Common Victualer for Captain's Choice.

SUGGESTED ACTION: *MOTION TO approve and hold the 2020 Transient Vendor (Seasonal Retail) for Accent on Design upon compliance with all regulations and receipt of the necessary fees and Governor Baker's closure of non-essential businesses has ended AND authorize the Town Manager to sign.*

MOTION TO approve and issue the 2020 Common Victualer License for Captain's Choice upon compliance with all regulations and receipt of the necessary fees AND authorize the Town Manager to sign.

ATTACHMENTS:

1. 2020 Renewal Application Accent on Design
2. 2020 Renewal Application Captain's Choice

RCVD 2020 APR 22 AM 9:14
ADMINISTRATIVE OFFICE
TOWN OF TRURO



TOWN OF TRURO

PO Box 2030, Truro MA 02666

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

\$ PAID
\$75.00 4/23/2020
N License

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: May 30 ?

Condominium _____

Closing Date: Oct 30 ?

Campground _____

Days of the Week Open: 5

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) _____

Amy Rolnick Aecler on Design
Print Name of Applicant Business Name

Amy Rolnick
Owner Name

14A Town Center Rd PO Box 676 Truro 02666
Street Address of Business Mailing Address of Business

186 525 6973 _____
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: Amy Kolnick Unit Number: 14A

Mailing Address: PO Box 676 Truro

Phone: (24 Hour Contact): ~~786 525 6973~~ 786 525 6973 Email Address: 

Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: Same Business Name: Account or Design

Business Address: 14A Truro Center

Phone: (24 Hour Contact): 786 525 6973 Email Address: 

Manager's Signature (REQUIRED)

Name of Co- Manager:

Name: NA 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:  Print Name: Amy Kolnick Date: 4/16/2020

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)



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)

Date 3/26/2020

Owner's Name Amy Ralnick

Business Name Accent on Design

Business Address 14 Truro Center Road, Unit A

Map and Parcel 50/155 (2R)

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

ok - current up to FY2020

Susan Joseph
Tax Collector's Signature

03/26/2020
Date

Number: 2020-094

Fee \$75.00

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

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

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

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

Type of business and any restrictions **Restaurant**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2020**

Date Issued: *April 28, 2020*

Seating: **16 inside/24 outside**



Emily Beebe, R.S.

Truro Board of Health Agent

MAR 09 2020

RECEIVED BY
#2020-094 (LB)



Town of Truro Board of Health

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

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) [REDACTED]

Business Name: Captain's Choice
 Owner Name: Kristi Wageman Email Address: Kristi@captainschoicetruro.com
 Mailing Address: 4 Highland Rd. N. Truro 02652
 Phone No: 508.487-5800
 Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)
 Name: Kristi Wageman Email Address: Same
 Mailing Address: 29 Auberry Dr. Palm Coast, FL 32137
 Phone No: [REDACTED] 24 Hour Emergency: Same

Section 3 – Business Operation Details

Number of Seats: Inside: 16 Outside: 24 Number of Employees: 15
 Length of Permit: Annual Seasonal Operation
 Hours of Operation: 11 am To 10 pm
 Days Closed Excluding Holidays: _____
 If Seasonal: Approximate Dates of Operation: 4/27/20 To 10/12/20

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

Robert Wageman

Allergen Awareness Certification (attach copy):

Kristi Wageman Robert Wageman

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:

Kristi Wageman

Date:

3.9.20

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 _____

Frank A Vitale

5 Lynch Ln Harwich, MA 02645

10/17/19

Captain's Choice

4 Highland Rd

N Truro, MA 02652

508-487-5800

Services conducted: CLEANED + INSPECTED

HOOD CLEANING STICKER IS AFFIXED

YES NO

DATE OF LAST HOOD CLEANING

DATE 10/17/19

GREASE ACCUMULATION

HEAVY MODERATE LIGHT

FILTERS ARE INTACT

YES NO

FAN IS IN OPERATING ORDER

YES NO UNK

LIGHTING IN HOOD IS PROPERLY PROTECTED FROM DAMAGE

YES NO N/A UNK

Check here if Notice of Non-Compliance was issued to local Fire Department.

Date sent to Fire Department _____

Attach copy of Notice of Non-Compliance

Note: A copy of this report shall be kept by both the Service Company and the customer for a period of 3 years. Such records shall be open for the inspection of the Local Fire Department during regular business hours of operation.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/21/2020

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

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

| | | |
|--|--|-------------------------------------|
| PRODUCER Benson Young & Downs Ins 56 Howland Street PO Box 559 Provincetown MA 02657-0559 | CONTACT NAME: Natalie Silva PHONE (A/C No, Ext): (508) 487-0500 E-MAIL ADDRESS: nataliesilva@byandd.com | FAX (A/C No): (508) 487-4135 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Captain's Choice Inc 18 Old Colony Way Orleans MA 02653- | INSURER A: Mount Vernon Fire Insurance Company | |
| | INSURER B: Norfolk & Dedham Mutual | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

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 (INSR, WGT) | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------------------|---|-------------------------|-------------------------|---|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | HEALTH DEPARTMENT TOWN OF TRURO APR 22 2020 RECEIVED BY | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$ | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N N/A | | | 05/21/2020 | 05/21/2021 | <input checked="" type="checkbox"/> 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 |
| A | LIQUOR LIABILITY | | | | 04/06/2020 | 04/06/2021 | PER PERSON 1,000,000 PER ACCIDENT 1,000,000 AGGREGATE 2,000,000 |
| | | | | | | | |

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

SEASONAL TAKE-OUT RESTAURANT LOCATED 4 HIGHLAND RD, UNIT D, NORTH TRURO MA 02652;

RCVD 2020APR21 04:40:00
ADMINISTRATIVE OFFICE
TOWN OF TRURO

CERTIFICATE HOLDER

CANCELLATION

AI 045639

Town of Truro
Licensing Department
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
Carl R. Garcia

Fax: (508)349-5505

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HEALTH DEPARTMENT
TOWN OF TRURO
JUN 06 2019
RECEIVED BY:

Kristie Wageman 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: June 4, 2019



ServSafe[®] CERTIFICATION

for
ROBERT WAGEMAN

for successfully completing the standards set forth by the ServSafe Food Protection Manager Certification Examination, which is recognized by the American National Standards Institute (ANSI) as a Certification for Food Protection (CFP).

12875

10462

EXAM FORM NUMBER

10/21/2020

10/21/2020

DATE OF EXAMINATION
Lead time apply to...

DATE OF EXPIRATION
Agency for recertification requirements



... on behalf of the NSIF

CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: Kristi Wageman

Date of Completion: March 23, 2019

Date of Expiration: March 23, 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.

Issued By:



**Berkshire
AHEC**

Area Health Education Center
Pittsfield, Massachusetts

www.mafoodallergytraining.org

BUILDING DEPARTMENT
TOWN OF TRURO

MAR 04 2020

RECEIVED



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)

Date 3/2/2020

Owner's Name Christopher King

Business Name Captain's Choice

Business Address 4 Highland Road, Truro

Map and Parcel 36/93 (D)

All set through FY 19

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

Mally Stevens
Tax Collector's Signature

3/9/2020
Date



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

www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: Captain's Choice

Address: 4 Highland Rd.

City/State/Zip: N Truro, 02152 Phone #: 508.487.5800

| | |
|--|---|
| <p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>15</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p> | <p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p> |
|--|---|

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

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

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

Insurance Company Name: Norfolk + Dedham Mutual Fire

Insurer's Address: 222 Ames St.

City/State/Zip: Dedham MA 02026

Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 5.21.21

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: Kristi A. Worman Date: 4.24.20

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 #: _____