



## Truro Board of Health

Tuesday May 21, 2024 at 4:30 PM

### **Truro Board of Health Notice of Regular (Hybrid) Meeting**

Meeting will open at 4:30 PM in the Select Board Chambers at Truro Town Hall on the 2nd floor.  
The Truro Town Hall is located at 24 Town Hall Road

This will be a hybrid meeting (in-person and remote access). Citizens in Truro can view the meeting on Channel 8 and on the homepage of the Town of Truro website on the "Truro TV Channel 8" button found under "Helpful Links". Once the meeting has started, click on the green "Watch" button in the upper right of the page. **To join the meeting by phone or to provide comment during the meeting, please call-in toll free at 1-305-224-1968 and enter the following Meeting ID when prompted: Meeting ID: 884 7580 5887** To join this Zoom meeting from your computer, tablet or smartphone enter <https://us02web.zoom.us/j/88475805887> Please note that there may be a slight delay 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; citizens may also provide public comment for this meeting by emailing the Health Agent at [ebecbe@truro-ma.gov](mailto:ebecbe@truro-ma.gov) with your comments.

**I. PUBLIC COMMENT** *Please note that 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*

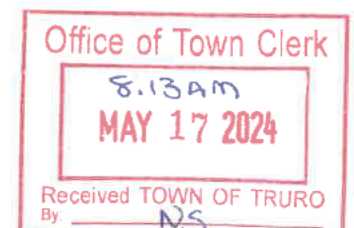
### **II. AGENDA ITEMS**

1. **Discussion with DPW Director Jarrod Cabral** regarding Transfer station hours
2. **Cape Cod Mosquito Control Program** –Discussion with Senior Entomologist Gabrielle Sakolsky
3. **New Owner/Manager:** 1 Amanda Lane, Faith Licostie
4. **New Farmers Market Permit:** Chatham Harvesters Co-OP, Shareen Davis
5. **Water Resources report**

### **III. MINUTES**

### **IV. REPORTS**

Report of the Chair  
Health Agent's Report



FEB 15 2024

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50.00 + 8.100  
Late



MC# 2024-079

# TOWN OF TRURO

PO Box 2030, Truro MA 02666

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

PAID  
104

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

### Section 1 – LICENSE TYPE

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

New  Renewal/No Changes (Skip to Section 3) Barbary Lane LLC  
**NAME OF BUSINESS:** \_\_\_\_\_

### FACILITY:

Motel-\$50 \_\_\_\_\_ Cottage Colony-\$50 \_\_\_\_\_ Condominium-\$50 # Units 9 \_\_\_\_\_ Lodging-\$50  
\_\_\_\_\_ Transient Vendor-\$75 \_\_\_\_\_ Campground-\$50 \_\_\_\_\_ Gas Station\*-\$25

\*Gas Station-\$25 (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)** 93-3189691

Faith Licostie Barbary Lane LLC  
Print Name of Applicant Business Name

Nadine Licostie  
Owner Name

105 Bradford St Ext Provincetown MA 02657  
Street Address of Business Mailing Address of Business

\_\_\_\_\_ Business Phone Number \_\_\_\_\_ Business E-Mail Address \_\_\_\_\_

### Section 3-HOURS OF OPERATION

Annual  Seasonal Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Days of the Week Open: 7

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

**Section 4-MANAGER INFORMATION**

Name of Onsite Manager:

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

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

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

Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: Faith Licostie Business Name: Barberry Lane LLC

Business Address: 105 Bradford St Ext Provincetown MA 02657

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

Faith Licostie

Manager's Signature (REQUIRED)

Name of Co-Manager:

Name: John Redinan Business Name: RKM

Business Address: 74 Shank Painter Rd Provincetown MA 02657

Phone: (24 Hour Contact): [REDACTED] Email Address: info@rkmpropertymanagement.com

[Signature]

Co-Manager's Signature (REQUIRED)

**Section 5 - ATTESTATION**

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

Faith Licostie

Signature of Applicant

Faith Licostie

Print Name

1/3/2024

Date

**Additional Applications & Documentation**

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

- Smoke detector/CO detector/fire protection certification
- IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance
- IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit

**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
- Business certificate with the clerk's office
- Septic System Inspection Report (submitted every 3 years)



# TOWN OF TRURO

Health Department

P.O. Box 2030, Truro, MA 02666

PH: 508-349-7004, Ext. 131 Fax: 508-349-5508

Email: [lbudnick@truro-ma.gov](mailto:lbudnick@truro-ma.gov); [nichey@truro-ma.gov](mailto:nichey@truro-ma.gov)

HEALTH DEPARTMENT  
TOWN OF TRURO

FEB 15 2024

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## APPLICATION TO NAME A MANAGER

This application is used for a Change of Manager, Add Co-Managers or to Name a

### Section 1 – Business Information

Date: 1/3/2024

Print Name of Applicant: Faith Licostie - offsite

Business Name or DBA to be managed: Barbary lane LLC Number of Units: 8-9

Street Address of Business: 105 Bradford St Ext Provincetown Business Email: [REDACTED]

Mailing Address of Business: ( Check if New Address) [REDACTED]

### Section 2 – Manager Information

Name of Previous Manager: Fred Sateriale; Caryn Silva On-Site Manager Unit #: C

Name of New Onsite Manager: N/A On-Site Manager Unit #: \_\_\_\_\_

Name of Property Management (10 Units or less): RKM Property management

Mailing Address of New Manager and/or Property Management Company: RKM

74 Shank Painter Rd Provincetown MA 02657 Phone (24 hours/day): 508-487-1621 Email: \_\_\_\_\_

Name of Co-Managers: \_\_\_\_\_ Unit # \_\_\_\_\_ Phone (24hrs/day): \_\_\_\_\_

\_\_\_\_\_ Unit # \_\_\_\_\_ Phone (24hrs/day): \_\_\_\_\_

\_\_\_\_\_ Unit # \_\_\_\_\_ Phone (24hrs/day): \_\_\_\_\_

I have read & understand the Board of Health Manager Regulation, Section III, Article 4. Signature of New Manager, Co-Managers or Contact Person for Property Management is required.

Faith Licostie  
SIGNATURE

Faith Licostie  
PRINT NAME

1/3/2024  
DATE

John Redihan  
SIGNATURE

JOHN REDIHAN  
PRINT NAME

2/15/24  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

### Section 3 - \*\*Office Use Only\*\*

	Scheduled	Date	Fee	Paid
Team Inspection <i>(If over 3yrs since last one)</i>	<input checked="" type="checkbox"/>	<u>4/9/24</u>	\$45.00	<input checked="" type="checkbox"/>
Board of Health Hearing	<input checked="" type="checkbox"/>	<u>4/16/24</u>	\$75.00	<input checked="" type="checkbox"/>

**PAID**  
8/20.00  
144





FM# 2024-006

HEALTH DEPARTMENT  
TOWN OF TRURO

MAY 07 2024

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SUBMIT COMPLETED FORM TO THE HEALTH DEPARTMENT

**Town of Truro**

**Farmers Market Truro Temporary Food Service Permit**

**PAID**  
512

Applicant (check one)  private individual, organization or business  non-profit organization

[must attach copy of Form 501(3)(c)]

Name of Business/Organization: Chatham Harvesters Cooperative

Address: mail: 1842 Main St, Chatham 02633 | 95 Commerce Park, South  
Bays 7+8, Chatham

Authorized Representative or Contact:

Name: Shareen Davis

Email: [REDACTED]

Address: same

Telephone Days: [REDACTED] Evenings: ( ) SAMR Fax /

Requested Location/Facility Sustainable CAPE Truro Farmers Mkt.

Requested Dates Spring, Summer, ~~FALL~~ Mondays June July AUG

Requested Times 8a-12NOON Rain Dates/Times (Must be completed)

**FARMERS MARKET: FOODS TO BE SOLD/SERVED**

**Foods to be Sold/Served**

- Packaged Baked Goods (breads, pies, cookies, cakes and confectionaries). Cream filled pastries, cheese cake or custard type pastries prohibited.
- Seed sprouts
- Jams or Jellies
- Shellfish: Lobster, Crab, Oysters, Clams
- Finfish
- Vinegar with or without herbs
- Dairy: Milk or milk products such as cheese.
- Meat or Poultry (processed in a federal/state licensed inspected facility)

Other: vacuum sealed fresh, frozen fish. examples, chowder, fish cakes  
quahogs smoked fish

**Food Sampling:** Y or (N) If yes, attach sampling protocol.

**Base of Operations**

Foods prepared/processed at a Truro licensed facility. Name of licensed facility: \_\_\_\_\_

Foods prepared/processed outside Truro. Please attach a copy of your state or local food processing facility license, food establishment permit, food manufacturing license or residential kitchen permit and copy of your most recent inspection report.



SUBMIT COMPLETED FORM TO THE HEALTH DEPARTMENT

### Town of Truro

**PAID**

*I agree to any conditions specified by the Board of Health, Board of Health Farmer's Market Policy, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code.*

PLEASE ATTACH COPY OF YOUR FOOD MANAGER CERTIFICATION AND ALLERGY AWARENESS TRAINING CERTIFICATE WITH THIS APPLICATION

*Shareen Davies*  
APPLICANT'S SIGNATURE

*3/28/24*  
DATE

**Market Manager Approval**

As the Market Manager for the Truro Farmer's Market, I have authorized the applicant to participate as a vendor. .

*Jodyr [Signature]*  
Market Manager Signature      *4/24/24*  
Date

**HEALTH DEPARTMENT APPROVAL**

***Board of Health Comments or Conditions:***

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

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

BOH or Health Agent

Date



**CHATHAM  
HARVESTERS**  
A Fishermen's Cooperative

## VAP Product Ingredients and Labels

### **CLAM PIE INGREDIENTS**

- Quahogs, butter, potatoes, onion, black pepper, thyme, flour

### **SHARK BITES ( Dogfish fish cakes)**

- Dogfish, panko, eggs, green onions, salt and pepper

### **MONKFISH CHOWDER BASE**

- Fish Stock, Monkfish, Clam juice, Potatoes, Onions, Butter, Parsley,  
Salt and Pepper

### **SMOKED MACKEREL**

- Mackerel, water, white vinegar, molasses, brown sugar, sea salt,  
hickory salt, garlic powder and pepper

### **SMOKED BLUEFISH**

- Bluefish, water, white vinegar, molasses, brown sugar, sea salt,  
hickory salt, garlic powder and pepper

CHATHAM HARVESTERS  
A Fishermen's Cooperative

23319

# CHATHAM CLAM PIE

SMALL BATCH | READY TO BAKE

INSTRUCTIONS: KEEP FROZEN UNTIL READY TO BAKE. BRUSH PIE WITH EGG WASH OR BUTTER. PLACE ON COOKIE SHEET AND BAKE IN A 350° OVEN FOR 40-50 MIN.

INGREDIENTS: ONIONS, BUTTER, POTATOES, ONION, BLACK PEPPER, THYME, AND PIE CRUST. KNOWN ALLERGENS: SHELLFISH, MILK, WHEAT.

NET WT: 30 OZ

PHOTO: PETER FORD STYLING BY CHATHAM HARVESTERS. ART BY BOB BROWN/STYLING. ©2020 CHATHAM HARVESTERS

CHATHAM HARVESTERS  
A Fishermen's Cooperative

23306

# SHARK BITES

CAPE COD  
HAND MADE | DOGFISH CAKES

COOKING INSTRUCTIONS: Thaw shark bites before cooking. In a fry pan, melt 2 tbsp of butter over medium heat. Add shark bites and cook for 5 minutes on each side, or until a golden brown crust has developed.

INGREDIENTS: Fully cooked DOGFISH, PANNO, GREEN ONIONS, EGG

Keep frozen. Thaw immediately before use | NET WT: 10 OZ

PACKED BY THE CHATHAM HARVESTERS CO-OP, CHATHAM, MA

CHATHAM HARVESTERS  
A Fishermen's Cooperative

24845

# MONKFISH CHOWDER BASE

FISHING AS A FORCE FOR GOOD

INSTRUCTIONS: Add your own dairy or non-dairy cream-based product to thicken your chowder.

INGREDIENTS: Monkfish, Potatoes, Onion, Fish Stock, Unsalted Butter, Dried Parsley, Lemon Juice

Keep frozen. Thaw immediately before use | NET WT: 30 OZ

PACKED BY THE CHATHAM HARVESTERS CO-OP, CHATHAM, MA

Packed by the Chatham Harvesters Co-op Chatham, MA 02659  
24005


CHATHAM HARVESTERS  
A Fishermen's Cooperative

## WILD CAUGHT SMOKED BLUEFISH

This fish caught by: **Don Nadeau** aboard F/V Rover

INGREDIENTS: bluefish, water, white vinegar, sea salt, molasses, smoked hickory salt, garlic powder, pepper.  
Fish may contain bones

Keep frozen. Thaw immediately before use.  
NET WT: 8 OZ (1/2-LB)



Packed by the Chatham Harvesters Co-op Chatham, MA 02659  
24953


CHATHAM HARVESTERS  
A Fishermen's Cooperative

## WILD CAUGHT SMOKED MACKEREL

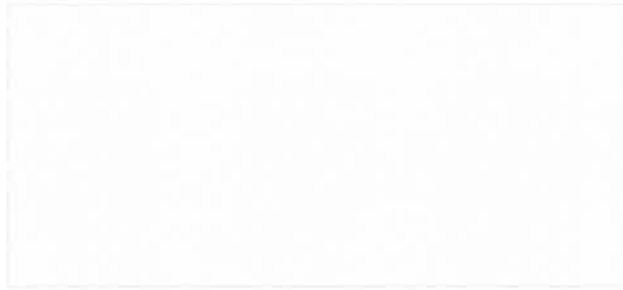
This fish caught by: **Doug Feeney** aboard F/V Noah

INGREDIENTS: mackerel, water, white vinegar, sea salt, molasses, smoked hickory salt, garlic powder, pepper.  
Fish may contain bones

Keep frozen. Thaw immediately before use.  
NET WT: 8 OZ (1/2-LB)







**95 Commerce Park South, Bays 7&8 , Chatham Ma, 02633**

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**FARMERS MARKET**

**Products List**

Local Caught ( in-season ) Fresh and Frozen Vacuum Sealed Seafood

- TUNA
- MONKFISH
- SKATE WINGS
- SKATE CHEEKS
- DOGFISH
- MACKEREL
- BLACK SEA BASS
- FLUKE
- POLLOCK
- HAKE
- SHELLFISH: CLAMS, OYSTERS, AND DAY BOAT SEA SCALLOPS
- SQUID

Locally Made Seafood Specialty Products from locally harvested seafood are made in our commercial kitchen. All vacuum sealed, labeled with ingredients, and flash frozen.

- CLAM PIES
- SMOKED MACKEREL
- SHARK BITES
- MONKFISH CHOWDER BASE