

SELECTMEN'S MEETING AGENDA*

Executive Session 6:00 P.M.

Regular Meeting 6:30 P.M.

Monday, April 5, 2021

REMOTE PARTICIPATION ONLY
OPEN PUBLIC FORUM – PLEASE READ

1. First, send an email to: comment@town.harwich.ma.us (send emails at any time after the meeting agenda has been officially posted)
 - a. In the subject line enter “request to speak, your name”
 - b. In the body of the email please indicate which specific agenda item you wish to speak on.
No further detail is necessary.
 2. The meeting will close to new attendees promptly at the scheduled start time for the meeting, generally 6:30pm. It will remain closed to new attendees until agenda items with scheduled speakers are reached. This is to minimize interruptions. You may join prior to (6:30) or when the meeting has been opened up. You may participate using your computer and the GoToMeeting interface or simply using your phone. Connection information can be found below.
 3. After the Chairman has opened the floor to those wishing to speak callers will be taken in the order the emails are received.
Use *6 to mute and unmute your phone
- When you join the meeting by phone you should turn off Channel 18 or your computer if streaming the meeting.

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/517674117>

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United States: [+1 \(669\) 224-3412](tel:+16692243412)

Access Code: 517-674-117

I. **CALL TO ORDER**

II. **EXECUTIVE SESSION**

- A. Pursuant to MGL,c.30A section 21 (a) paragraph 6: To discuss the lease of real property: Cranberry Valley Golf Course restaurant lease, if the Chair declares that an open session would have a detrimental effect on the negotiating position of the Town, and the Chair has so declared;
- B. Pursuant to MGL,c.30A section 21 (a) paragraph 3: To discuss with respect to collective bargaining for all town unions if an open session would have a detrimental effect on the town's bargaining position and the chair so declares;

III. **PLEDGE OF ALLEGIANCE**

IV. **WEEKLY BRIEFING**

- A. COVID-19 Updates
- B. Update on ongoing efforts by the Town in support of the business community

V. **PUBLIC COMMENTS/ANNOUNCEMENTS**

- A. Town Administrator's update on Notice of Disclosures
- B. Update from Emily Milan, Assistant Director, Brooks Free Library – Know Your Town Podcast and New Electronic Wall Street Journal subscription

VI. **PUBLIC HEARINGS/PRESENTATIONS (Not earlier than 6:30 P.M.)**

- A. Discussion and possible vote to continue until Monday, April 12, 2021 at 5:30 P.M. - Ember Pizza, 600 Rt. 28 – Public hearing on applications for renewal of the Seasonal All Alcoholic Beverages License and the Annual Entertainment License; discussion and vote and public hearing on reconsideration of January 24, 2021 decision to renew the Annual Wine and Malt Beverage License for said premises; discussion and possible vote to order discipline based on Town Administrator's February 8, 2021 findings and recommendations.
- B. Discussion and possible vote to continue until Monday, April 12, 2021 at 5:35 P.M. - Port Restaurant and Bar, 541 Rt. 28 - Public hearing on applications for renewal of the Seasonal All Alcoholic Beverages License and the Seasonal Entertainment License; discussion and possible vote to order discipline based on Town Administrator's February 8, 2021 findings and recommendations.
- C. Discussion and possible vote to approve the transfer of the Annual, All Alcohol, Package Store Liquor License from Lepinay, INC. DBA Cranberry Liquors to Cranberry Liquors at Harwich Port, LLC DBA Cranberry Liquors – 555 Route 28

VII. **NEW BUSINESS**

- A. Discussion and possible vote – One Day Entertainment License for Harwich Inn and Tavern – 77 Route 28 – Saturday, June 12, 2021 12:00 P.M. – 4:00 P.M. Outside
- B. Discussion and possible vote – 2021 Seasonal Common Victuallers License Renewals
 1. West Harwich Enterprise, Inc. DBA A&W – 297 Route 28
 2. AJG Corporation DBA The Weatherdeck Restaurant – 168 Route 28
 3. Port Restaurant and Bar DBA The Port – 541 Route 28 – *Pending Health Department approval*
 4. 30 Earle Road LLC DBA The Commodore Inn – 30 Earle Road – *Pending Building Department approval*
 5. Scribano's Inc. DBA Scribano's Italian Market & Deli – 302 Route 28 – *Pending Building Department approval*
 6. School House Ice Cream & Yogurt LLC – 749 Route 28 – *Pending Building Department approval*
 7. Wequassett Inn LLP DBA Wequassett Resort and Golf Club – 2173 Route 28 – *Pending Building Department approval*
 8. Wychmere Harbor Functions LP DBA Wychmere Beach Club – 23 Snow Inn Road – *Pending Building Department approval*
- C. Discussion and possible vote – 2021 Seasonal Weekday and Sunday Entertainment License Renewal for Go Carts – Hall Karts, Inc. – 9 Sisson Road

- D. Discussion and possible vote – 2021 Weekday and Sunday Entertainment License renewal
 - 1. Wequassett Inn LLP DBA Wequassett Resort and Golf Club – 2173 Route 28 – Weekday: 12PM-12AM inside, 12PM-10PM outside. Sunday: 12PM-12AM inside, 12PM-10PM outside. *Pending Building Department approval*
- E. Discussion and possible vote – 2021 Seasonal Innholders License Renewal
 - 1. Wequassett Inn LLP DBA Wequassett Resort and Golf Club – 2171 Route 28 – *Pending Building Department approval*
- F. Discussion and possible vote – 2021 Annual Common Victuallers License Renewal
 - 1. Cape Roots Market & Café LLC DBA Cape Roots Market & Café – 557 Route 28

VIII. **OLD BUSINESS**

- A. Discussion and possible vote to approve vacation buyback for David LeBlanc, Fire Chief
- B. Town Administrator’s update on procurement status relative to the Shared Streets Grant

IX. **CONTRACTS**

- A. Discussion and possible vote to authorize the Chairman of the Board of Selectmen to execute Change Order #1 with Bowditch Excavating, Inc. for the Cranberry Valley Golf Course Clubhouse Entrance Landscape Improvement Project for \$800.00

X. **TOWN ADMINISTRATOR’S REPORT**

XI. **SELECTMEN’S REPORT**

XII. **ADJOURNMENT**

**Per the Attorney General’s Office: The Board of Selectmen may hold an open session for topics not reasonably anticipated by the Chair 48 hours in advance of the meeting following “New Business.” If you are deaf or hard of hearing or a person with a disability who requires an accommodation contact the Selectmen’s Office at 508-430-7513.*

Authorized Posting Officer:

Danielle Delaney, Executive Assistant

Posted by: _____

Town Clerk

Date: _____

April 1, 2021

WEEKLY BRIEFING



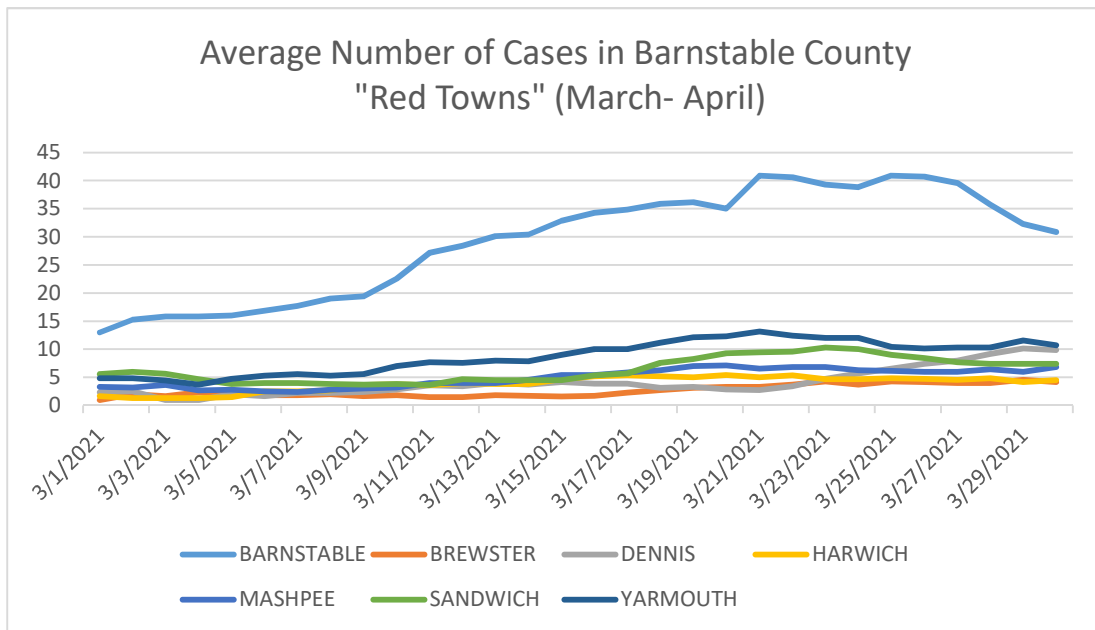
Town of Harwich
Board of Health
 732 Main Street Harwich, MA 02645
 508-430-7509 – Fax 508-430-7531
 E-mail: health@town.harwich.ma.us

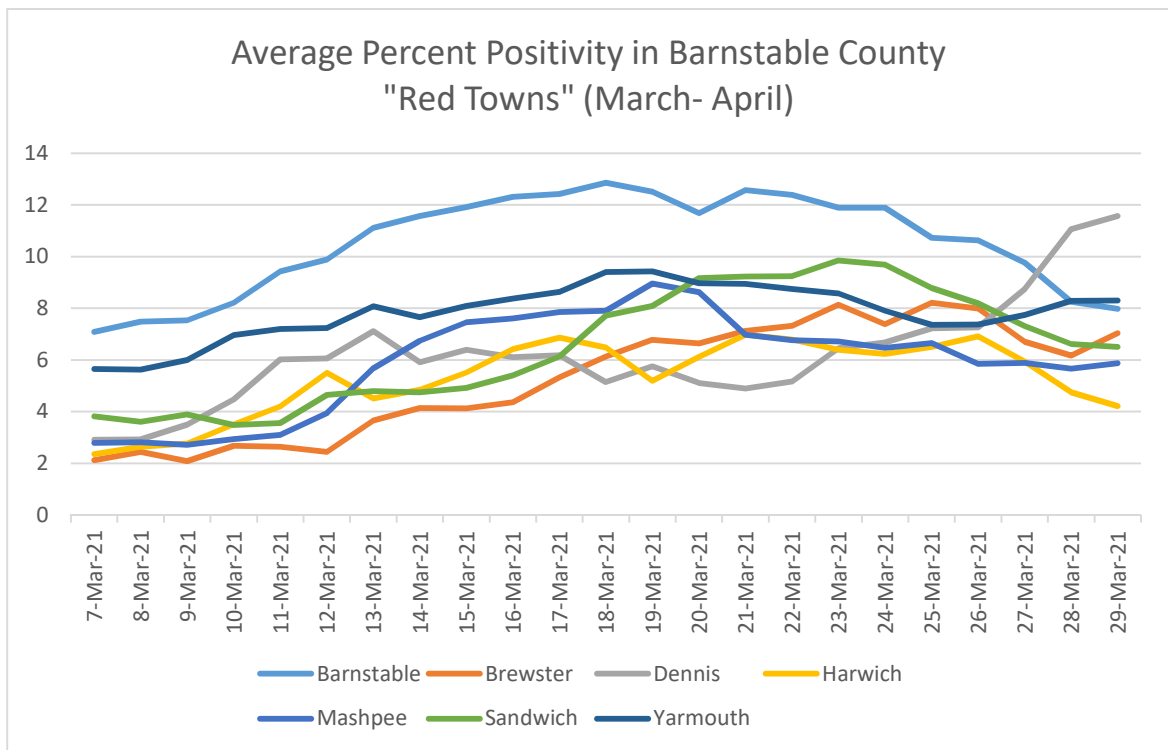
Weekly COVID-19 Update (April 2, 2021)

CASES & STATISTICS

To date, Harwich has seen a cumulative total of 665 cases of COVID-19. We are currently following 56 active cases. The positivity rate has increased to 5.63%, which still leaves us in the “Red” designation. Over the last two weeks, the Town has seen 62 positive cases out of 1102 total tests. The Average age of recent cases to date is approximately 42 years old, compared to all of Barnstable County, which is 38 years old.

Town	Average Age of Positive Cases (“Red Towns)
BARNSTABLE	36
BREWSTER	48
DENNIS	45
HARWICH	42
MASHPEE	38
SANDWICH	35
YARMOUTH	41
Average	38





VACCINE

Age Group	Population	Individuals with at least one dose	Fully vaccinated individuals	Partially vaccinated individuals
0-19 Years	1,993	32	0	0
20-29 Years	1,055	196	99	97
30-49 Years	2,146	724	387	337
50-64 Years	3,012	1,302	589	713
65-74 Years	2,551	1,977	1,271	706
75+ Years	1,833	1,694	1,409	285
Total	12,589	5,925	3,755	2,138

A total of 3,755 full time Harwich residents have been fully vaccinated, and 5,925 individuals have received at least one dose.

On Tuesday March 30th, the Harwich Fire Department, in collaboration with Outer Cape Health, Harwich Council on Aging, and the Harwich Health Department, vaccinated 42 individuals in Senior Housing. On Monday April 5th, an additional 55 homebound individuals will also be vaccinated. A special thank you to Outer Cape Health, Emily

Mitchell, Sue Jusell, Jen Clarke, Chief LeBlanc, Deputy Chief Thorton, Paul Finn, and all of Harwich EMS for assisting in this collaborative effort. If anyone knows of a homebound individual still in need of vaccination, please contact either the Harwich Health Department at (508)-430-7509, or the Council on Aging at (508)-430-7550. This will be a continued effort to ensure that all who need to be vaccinated will be.

Starting Monday Aril 5th, people who are 55 and older will be eligible to receive the vaccine, as well as people with 1 certain medical condition.

Pre-register to receive a vaccination at <https://www.mass.gov/info-details/preregister-for-a-covid-19-vaccine-appointment>. Currently eligible participants can sign up for a vaccine at <https://vaxfinder.mass.gov/>.

TESTING

For testing options at Outer Cape Health, please call [508-905-2888](tel:508-905-2888) in advance to make a testing appointment.

Testing is available in other locations 7 days per week through Cape Cod Healthcare. Call the Community Testing Line at 508-534-7103 to make an appointment.

REMINDER

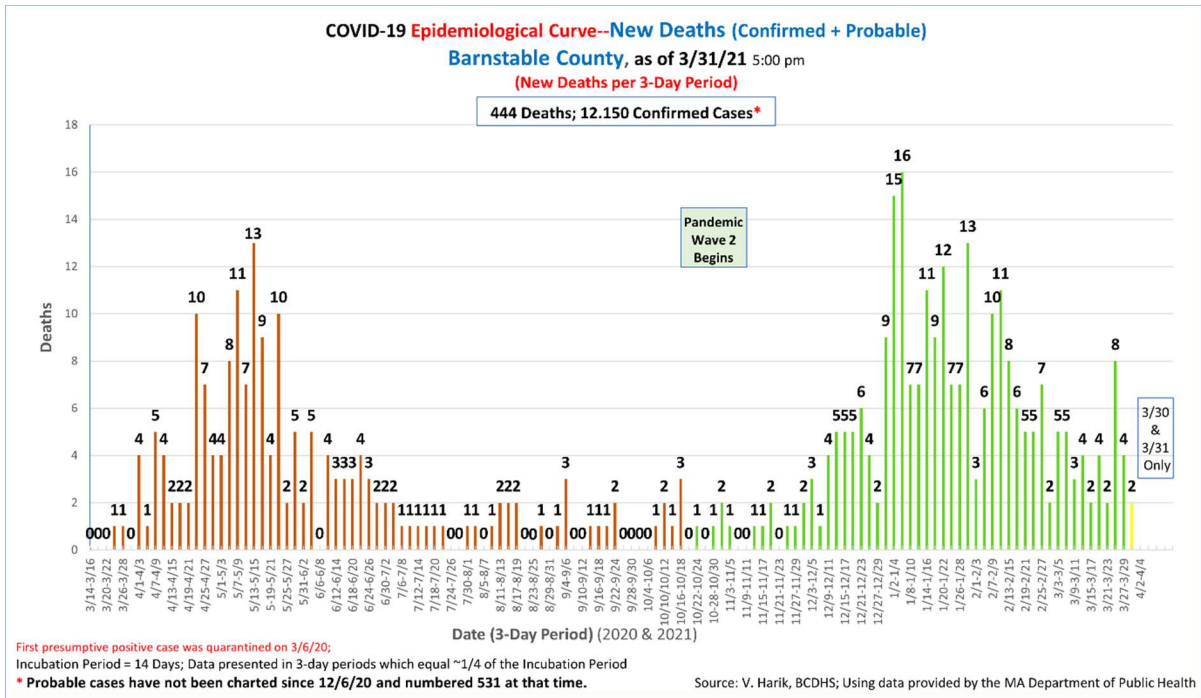
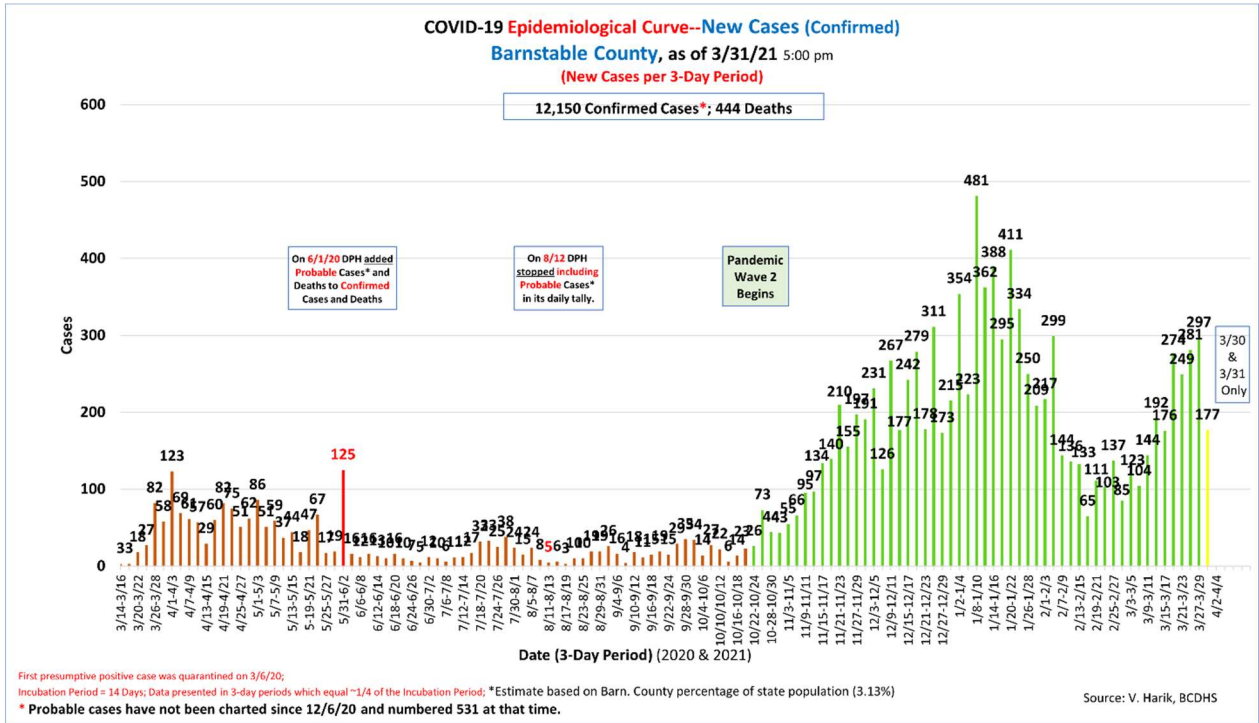
Please continue to maintain social distancing, mask use, and good hand hygiene. We need to work together as a community to minimize the spread!

Stay Safe!

~Dr. Katie O'Neill

Health Director

Barnstable County Health Department COVID Mini-Update: 3/31/21





Count and Rate of Confirmed COVID-19 Cases and Tests Performed in MA by City/Town, January 1, 2020 – March 30, 2021

City/Town	Total Case Count	Case Count (Last 14 Days)	Average Daily Incidence Rate per 100,000 (Last 14 days) ¹	Relative Change in Case Counts ²	Total Tests	Total Tests (Last 14 days)	Total Positive Tests (Last 14 days)	Percent Positivity (Last 14 days)	Change in Percent Positivity ³
Hampden	412	30	43.8	Higher	10177	659	31	4.70%	Higher
Hancock	17	<5	11.1	Higher	252	8	1	12.50%	Higher
Hanover	1245	76	37.8	Higher	25732	1784	83	4.65%	Higher
Hanson	824	47	31.2	Higher	16379	917	54	5.89%	Higher
Hardwick	83	5	10.7	No Change	3651	168	6	3.57%	Higher
Harvard	124	8	8.2	Higher	8734	475	8	1.68%	Higher
Harwich	665	56	31.8	Higher	17963	1102	62	5.63%	Higher
Hatfield	150	7	15.5	Higher	6796	442	8	1.81%	Higher
Haverhill	7424	210	22.7	Lower	138355	6594	248	3.76%	Lower
Hawley	<5	0	0	No Change	120	4	0	0%	No Change
Heath	7	0	0	No Change	701	48	0	0%	No Change
Hingham	1785	82	24.4	No Change	57813	3174	87	2.74%	Higher
Hinsdale	68	6	20.2	No Change	3466	231	6	2.60%	Lower
Holbrook	962	31	19.5	Higher	18866	1038	34	3.28%	Higher
Holden	1365	37	13.9	Lower	40108	2156	40	1.86%	No Change
Holland	117	6	16.7	Higher	3336	195	6	3.08%	Higher
Holliston	720	29	15.1	Lower	26002	1505	31	2.06%	Lower

Data are current as of 11:59pm on 03/30/2021. For populations <50,000, <5 cases are reported as such or suppressed for confidentiality purposes. ¹ For the calculations used to delineate Grey, Green, Yellow, and Red, please see table on page 25. ² Number of new cases occurring over the current two-week period (3/14/2021 - 3/27/2021) compared to the previous two-week period (3/7/2021 - 3/20/2021). **Higher**=number of new cases in the current two-week period higher than the number of new cases during the last two-week period. **Lower**=number of new cases in the current two-week period lower than number of new cases during the last two-week period. **No change**=number of new cases in current two-week period is equal to the number of new cases during the last two-week period. ³Change in percent positivity compared to the previous week's (3/25/2021) report. **No Change**= <0.10% difference in the percent positivity. DPH calculates rates per 100,000 population using denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020, report, Oct 2016.) As of 11/5/2020, the Massachusetts Department of Public Health is using the 2019 population estimates, the most current available data. **Please note:** Data for these tables are based on information available in the DPH surveillance database at a single point in time. Case counts for specific cities and towns change throughout the day as data cleaning occurs (removal of duplicate reports within the system) and new demographic information (assigning cases to their city or town of residence) is obtained.

Hospitalizations, Last Report:		Not Cumulative		Cumulative		3-Day Avg. of Persons in Hosp. (Med/Surg + ICU)	ICU Percent of Beds Occupied
		Hospital Beds Occupied (Last Report)	ICU Beds Occupied (Last Report)	Barnstable County Cases (Confirmed)	Barnstable County Deaths		
3/31/2021	Cape Cod Hospital	24	4				
	Falmouth Hospital	1	2				
		25	6	12,150	444	33.0	19%

PUBLIC
COMMENTS /
ANNOUNCEMENTS



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EPISODE 2: TOWN ADMIN

EPISODE 3: FINANCE

EPISODE 4 : FIRE

EPISODE 5: WATER

EPISODE 6: HARBOR

EPISODE 7: NATURAL RESOURCES

EPISODE 8: POLICE

EPISODE 9: COA

EPISODE 10: BROOKS FREE LIBRARY

EPISODE 11: CEMETERY

EPISODE 12; CONSERVATION

EPISODE 13: YOUTH/FAMILY SERVICES

EPISODE 14: CHANNEL 18

EPISODE 15: COMMUNITY CENTER

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PUBLIC HEARINGS

PRESENTATIONS

PUBLIC HEARING

Town Administrator recommends the Public Hearing for Ember Pizza be opened to be continued until Monday, April 12, 2021 at 5:30 P.M

PUBLIC HEARING

Town Administrator recommends the Public Hearing for Port Restaurant and Bar be opened to be continued until Monday, April 12, 2021 at 5:35 P.M

NOTICE OF PUBLIC HEARING
TOWN OF HARWICH
BOARD OF SELECTMEN
APPLICATION FOR TRANSFER OF LIQUOR LICENSE

Notice is hereby given under Chapter 138 of the General Laws as amended that application has been made to this Board for a transfer of the Annual, Package Store, All Alcoholic Beverages License now held by Lepinay, Inc. DBA Cranberry Liquors, 555 Route 28, Harwich, MA, Joseph V. Della Morte – Manager, to Cranberry Liquors at Harwich Port, LLC DBA Cranberry Liquors, 555 Route 28, Harwich Port, MA, Joseph V. Della Morte – Manager, on the following described premises located at 555 Route 28, Harwich Port, MA: Large room with walk-in cooler, small office, bathroom entrances at front and rear of building and a full basement downstairs.

The Board of Selectmen will hold a hearing on the application on Monday, April 5, 2021, no earlier than 6:30 P.M., remotely via Go to Meeting, at which time all interested parties are cordially invited to dial in. Dial in information will be posted on the Board of Selectmen's agenda.

Board of Selectmen
Local Licensing Authority

Cape Cod Times
March 16, 2021

CAPE COD TIMES

CLASSIFIED

Line Ad Deadlines

PUBLICATION	DEADLINE*
Monday	Fri. 3:00 PM
Tuesday	Mon. 3:00 PM
Wednesday	Tue. 3:00 PM
Thursday	Wed. 3:00 PM
Friday	Thurs. 3:00 PM
Saturday	Fri. 12:00 PM
Sunday	Fri. 3:00 PM

Display:
3 working days prior to publication.
Legal Ads: 1 Business Day prior to publication day by 12 noon.
Holiday business days only.

Legal Notices
508-852-1218 or
classified@capecodonline.com

Classifieds
888-254-3466 or
classifieds@gatehousemedia.com

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-with Cape Cod Classified

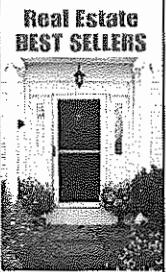
EMPLOYMENT
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Sales, Independent,
Wanted

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NOTICE OF PUBLIC MEETING
TOWN OF HARWICH
BOARD OF SELECTMEN
APPLICANTS FOR THE POSITION OF
TOWN ENGINEER
Notice is hereby given that the Cape Cod Times is pleased to announce that the Board of Selectmen of the Town of Harwich will be holding a public meeting on Thursday, March 18, 2021, at 7:00 PM, in the Harwich Town Office, 100 South Main Street, Harwich, MA 02543. The purpose of the meeting is to receive applications for the position of Town Engineer. The deadline for the submission of applications is Friday, March 19, 2021, at 12:00 PM. For more information, please contact the Town Office at 508-852-1218.

MAINTENANCE STAFF
Eastern Hill Country Club is seeking a full-time maintenance staff member. The ideal candidate will have a minimum of 5 years of experience in a similar position. The position involves the maintenance of the club's golf course, clubhouse, and grounds. The successful candidate will be responsible for the day-to-day maintenance of the club's facilities. For more information, please contact the Clubhouse at 508-852-1218.

Concepts Sudoku By Dave Green

1		4			9
	9		2		
3		7			6
5	3		7		4
7	9	1		8	3
8		5	6		2
2		6		1	
	1	3			
3		2			7

RESEARCHER
We are seeking a research assistant for our Cape Cod Times office. The ideal candidate will have a minimum of 2 years of experience in a similar position. The position involves the collection and analysis of data for our newspaper's research department. For more information, please contact our HR department at 508-852-1218.

GENERAL HELP WANTED
We are seeking a general helper for our Cape Cod Times office. The ideal candidate will have a minimum of 1 year of experience in a similar position. The position involves the general maintenance and repair of our newspaper's facilities. For more information, please contact our HR department at 508-852-1218.

FALMOUTH LUMBER
We are seeking a lumber mill operator for our Cape Cod Times office. The ideal candidate will have a minimum of 3 years of experience in a similar position. The position involves the operation of a lumber mill and the production of lumber. For more information, please contact our HR department at 508-852-1218.

CONCEPTS SUDOKU
A collection of Sudoku puzzles for entertainment. Each puzzle is a 9x9 grid with some numbers pre-filled. The goal is to fill in the remaining numbers so that each row, column, and 3x3 sub-grid contains all the digits from 1 to 9. For more information, please contact our HR department at 508-852-1218.

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HARWICHPolice

DEPARTMENT

183 Sisson Road, Harwich, MA 02645

Tel 508-430-7541 Fax 508-432-2530



DAVID J. GUILLEMETTE
Chief of Police

KEVIN M. CONSIDINE
Deputy Chief

Memorandum

TO: Board of Selectmen
Joseph Powers
Town Administrator

FROM: David J. Guillemette
Chief of Police

A handwritten signature in blue ink, appearing to read 'D. Guillemette', is written over the printed name of the sender.

DATE: March 31, 2021

SUBJECT: Application for transfer of All Alcoholic Beverages Package Store License from Lepinay, Inc. d/b/a Cranberry Liquors (ABCC#00028-PK-0506) to Cranberry Liquors at Harwich Port, LLC d/b/a Cranberry Liquor Licenses 555 Route 28, Harwich Port, MA 02646

The Police Department has no objections regarding the application for the above listed transfer of license.

If you have any questions or need further clarification, please feel free to contact me at your earliest convenience.



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

1. TRANSACTION INFORMATION

- Transfer of License
- Alteration of Premises
- Change of Location
- Management/Operating Agreement
- Pledge of Inventory
- Pledge of License
- Pledge of Stock
- Other
- Change of Class
- Change of Category
- Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="\$15 Package Store"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="Annual"/>

3. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Current or Seller's License Number FEIN

Entity Name

DBA Manager of Record

Street Address

Phone Email

Add'l Phone Website

4. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

Total Sq. Footage	<input type="text" value="5,148"/>	Seating Capacity	<input type="text" value="N/A"/>	Occupancy Number	<input type="text" value="N/A"/>
Number of Entrances	<input type="text" value="1"/>	Number of Exits	<input type="text" value="1"/>	Number of Floors	<input type="text" value="2"/>

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name	Lepinay, Inc.	By what means is the license being transferred?	Purchase
------------------------	---------------	---	----------

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Joseph V. Della Morte	President, Treasurer, Secretary & Director	

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLC Members, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
 - On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;
 - Off Premises (Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Mark T. Blaze			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
LLC Manager			
Name of Principal	Residential Address	SSN	DOB
Paul B. Manning, Trustee of the Paul B. Manning Revocable Trust			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
LLC Member			<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Diane L. Manning, Trustee of the Diane L. Manning Revocable Trust			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
LLC Member			
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

APPLICATION FOR A TRANSFER OF LICENSE

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes No

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
N/A	N/A	N/A	N/A

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	
N/A	N/A	N/A	

APPLICATION FOR A TRANSFER OF LICENSE

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?
Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation
N/A	N/A	N/A	N/A

7. CORPORATE STRUCTURE

Entity Legal Structure Date of Incorporation
State of Incorporation Is the Corporation publicly traded? Yes No

8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales? Yes No

9. APPLICATION CONTACT

The application contact is the person who the licensing authorities should contact regarding this application.

Name:

Phone:

Title:

Email:

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	\$0.00
B. Purchase Price for Business Assets	
C. Other* (Please specify)	\$0.00
D. Total Cost	

*Other: (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
N/A	N/A	N/A	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

11. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

Please indicate what you are seeking to pledge (check all that apply) License Stock Inventory

To whom is the pledge being made? N/A

12. MANAGER APPLICATION

A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

Please indicate how many hours per week you intend to be on the licensed premises

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be a U.S. Citizen
 If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.
 Have you ever been convicted of a state, federal, or military crime? Yes No
 If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition
N/A	N/A	N/A	N/A

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
2006	Present	Owner, Manager	Lepinay, Inc. d/b/a Cranberry Liquors	Self

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
N/A	N/A	N/A	N/A	N/A

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature Date

13. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

Yes No

If yes, please fill out section 13.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

13A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

If yes, attach an affidavit providing the details of any and all convictions.

Yes No

13B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

LICENSE

Does any individual or entity identified in question 13A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

13C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 13A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

13D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 13A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

13E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question section 13B, 13C, 13D ever been suspended, revoked or cancelled?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

13F. TERMS OF AGREEMENT

- a. Does the agreement provide for termination by the licensee? Yes No
- b. Will the licensee retain control of the business finances? Yes No
- c. Does the management entity handle the payroll for the business? Yes No

d. Management Term Begin Date e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

ABCC Licensee Officer/LLC Manager

Management Agreement Entity Officer/LLC Manager

Signature:

Signature:

Title:

Title:

Date:

Date:

APPLICANT'S STATEMENT

I, Mark T. Blaze the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

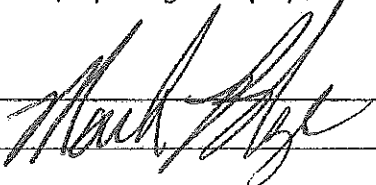
of Cranberry Liquors at Harwich Port, LLC
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:



Date:

1-29-2021

Title:

LLC Manager

NEW BUSINESS

OFFICE OF THE TOWN ADMINISTRATOR

Phone (508) 430-7513

Fax (508) 432-5039



Joseph F. Powers, *Town Administrator*
Meggan Eldredge, *Assistant Town Administrator*

732 MAIN STREET, HARWICH, MA 02645

MEMO

TO: Board of Selectmen

FROM: Danielle Delaney, Executive Assistant – Licensing

CC: Joseph F. Powers, Town Administrator
Meggan M. Eldredge, Assistant Town Administrator

RE: One day Entertainment License for June 12, 2021

DATE: April 5, 2021

The licensee below is requesting a one (1) day entertainment license for Saturday, June 12, 2021 from 12PM to 4PM outside with recorded or live music using amplification.

The licensee currently has a valid 2021 entertainment license (outlined below), but does not cover the times desired for this day.

Harwich Inn and Tavern
77 Route 28, West Harwich

Requesting: June 12, 2021 12PM – 4PM Outside
Recorded or Live Music with amplification

Current 2021 Entertainment License specifics

Weekday: 12PM – 12AM Inside – windows and doors shut
4PM – 8PM Outside

Sunday: 1PM – 12AM Inside
Recorded or live music with amplification



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR ENTERTAINMENT LICENSE *ment*

- Weekday Entertainment (\$75) 1 day (\$25) New application
 Batters Box (\$50) Renewal
 Go Carts (\$50) Annual
 Miniature Golf (\$50) Seasonal
 Trampolines (\$25) Opening Date _____
 Theater (\$150 per cinema)
Automatic Amusement:
 Juke Box (\$100 each)
 Video Games (\$100 each) Other _____

Business Name Harwich Inn + Tavern Phone 617 947 7600

Business Address 77 Route 28 W Harwich, ma

Mailing Address Same

Owners Name & Address James Tsoukalas 77 route 28 w Harwich

Email Address JTsoukalas@verizon.net

Managers Name & Address James Tsoukalas

TIMES AND DAYS OF WEEK FOR ENTERTAINMENT (Please note this application does not cover Sundays. You can obtain a Sunday license application at the Selectmen's Office):

ENTERTAINMENT TYPE: (Check all appropriate boxes)

- Concert Dance Exhibition Cabaret Public Show Other
 Dancing by Patrons
 Dancing by Entertainers or Performers
 Recorded or Live Music
 Use of Amplification System
 Theatrical Exhibit, Play or Moving Picture Show
 A Floor Show of Any Description
 A Light Show of Any Description
 Any Other Dynamic Audio or Visual Show, Whether Live or Recorded

At any time during this concert, dance exhibition, cabaret or public show, will any person(s) be permitted to appear on the premises in any manner or attire as to expose to the public view any portion of the body as described in Mass. General Laws Chapter 140, Section 183A, Para. 3.

___ Yes No

If Yes, answer questions 1 through 4 below. Attach a separate sheet and/or exhibits if necessary:

1. Describe in complete detail the extent of exposure during the performance and the nature of the entertainment: _____
2. Furnish additional information concerning the condition of the premises and how they are suitable for the proposed entertainment: _____
3. Fully describe the actions you will take to prevent any adverse effects on public safety, health, or order: _____
4. Identify whether and how you will regulate access by minors to the premises: _____

Days/Hours of Business Operation Saturday June 12 12pm - 4pm

Pursuant to MGL, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns, and have paid all State taxes under the law.

[Signature] owner
Signature of applicant & title Federal I.D. # _____

Signature of individual or corporate name Federal I.D. # _____

Signature of Manager Federal I.D. # _____

Signature of Partner Federal I.D. # _____

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes & regulations, including zoning ordinances, health regulations & building & fire codes.

[Signature] Building Commissioner [Signature] Board of Health [Signature] Fire Department

[Signature] comments:
Police Department

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50 New application Annual # of seats _____
Renewal Seasonal Opening date 5/4/21

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name West Harwich Ent., Inc. Phone 508-432-9083

Doing Business As (d/b/a) A+W

Business Address 297 Rt. 28 Harwich Port MA 02646

Mailing Address same

Email Address _____

Name of Owner Patty O'Donnell

(If corporation or partnership, list name, title and address of officers)

Patty O'Donnell (pres. + all offices)

Patty O'Donnell President Federal I.D. # _____
Signature of applicant & title

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

West Harwich Ent. Inc By Patty O'Donnell
Signature of individual or corporate name Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

[Signature] [Signature] [Signature]
Building Commissioner Board of Health Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
 732 MAIN STREET
 HARWICH, MA 02645
 508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50 New application Annual # of seats 134
 Renewal Seasonal Opening date 4/15/21

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name AJG Corporation Phone 508-432-8240

Doing Business As (d/b/a) The Weatherdeck Restaurant

Business Address 168 Route 28, W. Harwich, MA 02671

Mailing Address P.O. Box 341, W. Harwich, MA 02671

Email Address _____

Name of Owner _____

(If corporation or partnership, list name, title and address of officers)

John + Elaine Bara Kilibis / (Clerk + President),

Angela Argyrakis / Treasurer /

Elaine Bara Kilibis, President Federal I.D. # _____
 Signature of applicant & title

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

AJG Corporation By Elaine Bara Kilibis
 Signature of individual or corporate name Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

[Signature]
 Building Commissioner

[Signature]
 Board of Health

[Signature]
 Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50 New application _____ Annual _____ # of seats 85
Renewal Seasonal Opening date April 1, 2021

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name PORT RESTAURANT AND BAR Phone 508-430-5410

Doing Business As (d/b/a) THE PORT

Business Address 541 ROUTE 28

Mailing Address Harwich, MA 02646

Email Address port-restaurant@hotmail.com

Name of Owner _____

(If corporation or partnership, list name, title and address of officers)

Justin Brackett, President

Jonas Brackett, Secretary

[Signature] President

Signature of applicant & title Federal I.D. #

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

[Signature] By _____
Signature of individual or corporate name Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

[Signature]
Building Commissioner

[Signature] #
Board of Health

[Signature]
Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.
pending approval of 2021 food service permit



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50

New application
Renewal

Annual
Seasonal

of seats 46
Opening date 4/30/21

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name 30 Earle Rd LLC Phone 508-432-1180

Doing Business As (d/b/a) The Commodore Inn

Business Address 30 Earle Rd West Harwich Ma 02671

Mailing Address Same

Email Address innkeepers@theCommodoreinn.com

Name of Owner Dan and Kelley McNamara

(If corporation or partnership, list name, title and address of officers)

John W Foley
Signature of applicant & title

Federal I.D. #

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

Signature of individual or corporate name

By _____
Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

Building Commissioner

M. J. ...
Board of Health

B. H. ...
Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
 732 MAIN STREET
 HARWICH, MA 02645
 508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50 New application Annual # of seats 52
 Renewal Seasonal Opening date _____

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name Scribano's Inc. Phone 774.408.7700
774.722.5772

Doing Business As (d/b/a) Scribano's Italian Market & Deli

Business Address 302 Route 28, Harwich Port, MA 02646

Mailing Address Same

Email Address _____

Name of Owner Mark Beni

(If corporation or partnership, list name, title and address of officers)

Mark Beni, President, _____

Nara De Paolo, Treasurer, _____

Mark Beni President _____

Signature of applicant & title Federal I.D. #

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

Nara De Paolo By _____
 Signature of individual or corporate name Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

 Building Commissioner [Signature] Board of Health [Signature] Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50 New application _____ Annual _____ # of seats 12
Renewal Seasonal Opening date MAY 8 2021?

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name SCHOOL HOUSE ICE CREAM + Phone 508 432 7355
YOGURT LLC APRIL

Doing Business As (d/b/a) _____

Business Address 749 ROUTE 28 HARWICHPORT MA
SAME 02646

Mailing Address _____

Email Address _____

Name of Owner SUSAN L STANLEY

(If corporation or partnership, list name, title and address of officers)

Susan L Stanley
Signature of applicant & title _____ Federal I.D. # _____
OWNER/MANAGER

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

Signature of individual or corporate name _____ By _____
Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

Building Commissioner _____ Board of Health M. Stanley Fire Department BAH

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
 732 MAIN STREET
 HARWICH, MA 02645
 508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50 New application _____ Annual _____ # of seats 225
 Renewal X Seasonal X Opening date 4/1/2021

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name Weguassett Inn LLP Phone 508-432-5400

Doing Business As (d/b/a) Weguassett Resort and Golf Club

Business Address 2173 Route 28, East Harwich MA 02645

Mailing Address 2173 Route 28, East Harwich MA 02645

Email Address mnovota@weguassett.com

Name of Owner Mark J. Novota

(If corporation or partnership, list name, title and address of officers)

Stephanra McClellen and James C.A. McClellen,

Mark J. Novota, Managing Partner,

Signature of applicant & title Managing Partner Federal I.D. # _____

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

Signature of individual or corporate name _____ By _____
 Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

Building Commissioner _____ Board of Health [Signature] Fire Department [Signature]

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50 New application _____ Annual _____ # of seats _____
Renewal X Seasonal X Opening date 4/1/21

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name WYCHMERE HARBOR FUNCTIONS LP Phone 432-1000

Doing Business As (d/b/a) WYCHMERE BEACH CLUB

Business Address 23 SNOW INN RD

Mailing Address 23 SNOW INN RD

Email Address MSHARLET@WYCHMERE BEACH CLUB.COM

Name of Owner DEMETRI DASCO, JEFF LEERINK

(If corporation or partnership, list name, title and address of officers)

DEMETRI DASCO, JEFF LEERINK

[Signature] GENERAL MANAGER
Signature of applicant & title Federal I.D. #

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

Signature of individual or corporate name By _____
Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

Building Commissioner [Signature] [Signature]
Board of Health Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
 732 MAIN STREET
 HARWICH, MA 02645
 508-430-7513

APPLICATION FOR ENTERTAINMENT LICENSE

- Weekday Entertainment (\$75) 1 day (\$25)
- Batters Box (\$50)
- Go Carts (\$50)
- Miniature Golf (\$50)
- Trampolines (\$25)
- Theater (\$150 per cinema)
- Automatic Amusement:
- Juke Box (\$100 each)
- Video Games (\$100 each) Other _____

- New application _____
- Renewal _____
- Annual _____
- Seasonal _____
- Opening Date _____

Business Name Hell Karts Inc Phone 508-286-9654
 Business Address 9 Sisson Rd Harwich Port MA 02646
 Mailing Address P.O. Box 426, So Harwich MA 02661
 Email Address _____
 Managers Name & Address Sandra S Hall

TIMES AND DAYS OF WEEK FOR ENTERTAINMENT *(This application does not cover Sundays).*

ENTERTAINMENT TYPE: (Check all appropriate boxes)

- Dancing by Patrons
- Dancing by Entertainers or Performers
- Recorded or Live Music
- Use of Amplification System
- Concert
- Other (Describe) Go-Karts

Days/Hours of Business Operation Daily 9am to 11pm

Pursuant to MGL, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns, and have paid all State taxes under the law.

Sandra S Hall, President
 Signature of applicant & title Federal I.D. # _____

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes & regulations, including zoning ordinances, health regulations & building & fire codes.

NO APPLICABLE [Signature] [Signature]
 Building Commissioner Board of Health Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR SUNDAY ENTERTAINMENT LICENSE

Music 1PM or After (Municipal Fee \$85/State \$50) New application
 Music prior to 1PM (Municipal Fee \$175/State \$100) Renewal
 Go Carts (\$50) Annual
 Miniature Golf (\$50) Seasonal
 Trampolines (\$25) Opening Date
 Theater (\$150 per cinema)
 Automatic Amusement (\$100)
 Juke Box (\$100 each)
 Video Games (\$100 each) Other

Business Name Hall Karts Inc Phone 508-280-9654

Business Address 9 Sisson Rd Harwich Port MA 02646

Mailing Address Box 426 So Harwich MA 02661

Owners Name & Address Sandra Hall -

Email Address _____

Managers Name & Address Sandra Hall Box 426, So Harwich 02661

TIMES OF ENTERTAINMENT (Please specify where music will be located on your property and what type of entertainment such as live, DJ, recorded) no music

ENTERTAINMENT TYPE: (Check all appropriate boxes)

Concert Dance Exhibition Cabaret Public Show Other
 Dancing by Patrons
 Dancing by Entertainers or Performers
 Recorded or Live Music
 Use of Amplification System
 Theatrical Exhibit, Play or Moving Picture Show
 A Floor Show of Any Description
 A Light Show of Any Description
 Any Other Dynamic Audio or Visual Show, Whether Live or Recorded

Go-Karts

At any time during this concert, dance exhibition, cabaret or public show, will any person(s) be permitted to appear on the premises in any manner or attire as to expose to the public view any portion of the body as described in Mass. General Laws Chapter 140, Section 183A, Para. 3.

___ Yes No

If Yes, answer questions 1 through 4 below. Attach a separate sheet and/or exhibits if necessary:

1. Describe in complete detail the extent of exposure during the performance and the nature of the entertainment: _____
2. Furnish additional information concerning the condition of the premises and how they are suitable for the proposed entertainment: _____
3. Fully describe the actions you will take to prevent any adverse effects on public safety, health, or order: _____
4. Identify whether and how you will regulate access by minors to the premises: _____

Days/Hours of Business Operation Daily + Sunday 9am - 11 pm

Pursuant to MGL, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns, and have paid all State taxes under the law.

Sandra B. Hood, President
Signature of applicant & title

Federal I.D. #

Hall Karts Inc
Signature of individual or corporate name

same
Federal I.D. #

Signature of Manager

Federal I.D. #

Signature of Partner

Federal I.D. #

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes & regulations, including zoning ordinances, health regulations & building & fire codes.

[Signature]
Building Commissioner

[Signature]
Board of Health

[Signature]
Fire Department

[Signature]
Police Department

comments:

Required signatures to be obtained by the applicant prior to submission of new applications.

OFFICE OF THE TOWN ADMINISTRATOR

Phone (508) 430-7513

Fax (508) 432-5039

Joseph F. Powers, *Town Administrator*
Meggan Eldredge, *Assistant Town Administrator*

732 MAIN STREET, HARWICH, MA 02645



MEMO

TO: Board of Selectmen

FROM: Danielle Delaney, Executive Assistant – Licensing

CC: Joseph F. Powers, Town Administrator
Meggan M. Eldredge, Assistant Town Administrator

RE: 2021 Seasonal Entertainment License Renewal

DATE: April 5, 2021

The licensee below was contacted via email to outline the times and location (inside or outside) of where they are requesting to have entertainment.
All information below was emailed directly to staff. Included below is what the Board of Selectmen approved in 2020.

Wequassett Resort and Golf Club
2173 Route 28, East Harwich

Requesting: Weekday 12PM – 12AM Inside & 12PM – 10PM Outside
Sunday 12PM – 12AM Inside & 12PM – 10PM Outside

Recorded or Live Music with amplification and dancing

Approved in 2020 by the Board of Selectmen
Weekday: 12PM – 12AM
Sunday: 1PM - 12AM



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR ENTERTAINMENT LICENSE

Weekday Entertainment (\$75) ___ 1 day (\$25) New application ___
___ Batters Box (\$50) Renewal
___ Go Carts (\$50) Annual ___
___ Miniature Golf (\$50) Seasonal
___ Trampolines (\$25) Opening Date ___
___ Theater (\$150 per cinema)
___ Automatic Amusement:
 ___ Juke Box (\$100 each)
 ___ Video Games (\$100 each) Other _____

Business Name Wequassett Inn LLP dba Wequassett Resort and Golf Club Phone (508) 432-5400

Business Address 2173 Route 28, East Harwich, MA 02645

Mailing Address 2173 Route 28, East Harwich, MA 02645

Owners Name & Address MARK J. NOVOTA, _____

Email Address MNOVOTA@Wequassett.com

Managers Name & Address MARK J. NOVOTA, East Harwich

TIMES AND DAYS OF WEEK FOR ENTERTAINMENT (Please note this application does not cover Sundays. You can obtain a Sunday license application at the Selectmen's Office):

ENTERTAINMENT TYPE: (Check all appropriate boxes)

___ Concert ___ Dance ___ Exhibition ___ Cabaret ___ Public Show ___ Other
 Dancing by Patrons
___ Dancing by Entertainers or Performers
 Recorded or Live Music
 Use of Amplification System
___ Theatrical Exhibit, Play or Moving Picture Show
___ A Floor Show of Any Description
___ A Light Show of Any Description
___ Any Other Dynamic Audio or Visual Show, Whether Live or Recorded

At any time during this concert, dance exhibition, cabaret or public show, will any person(s) be permitted to appear on the premises in any manner or attire as to expose to the public view any portion of the body as described in Mass. General Laws Chapter 140, Section 183A, Para. 3.

___ Yes No

If Yes, answer questions 1 through 4 below. Attach a separate sheet and/or exhibits if necessary:

1. Describe in complete detail the extent of exposure during the performance and the nature of the entertainment: _____

2. Furnish additional information concerning the condition of the premises and how they are suitable for the proposed entertainment: _____

3. Fully describe the actions you will take to prevent any adverse effects on public safety, health, or order: _____

4. Identify whether and how you will regulate access by minors to the premises: _____

Days/Hours of Business Operation _____

Pursuant to MGL, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns, and have paid all State taxes under the law.

x *[Signature]* Managing Partner _____
 Signature of applicant & title Federal I.D. #

 Signature of individual or corporate name Federal I.D. #

 Signature of Manager Federal I.D. #

 Signature of Partner Federal I.D. #

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes & regulations, including zoning ordinances, health regulations & building & fire codes.

 Building Commissioner *[Signature]* Board of Health *[Signature]* Fire Department

[Signature]
 Police Department

comments:

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
732 MAIN STREET
HARWICH, MA 02645
508-430-7513

APPLICATION FOR SUNDAY ENTERTAINMENT LICENSE

- | | |
|--|--|
| <input checked="" type="checkbox"/> Music 1PM or After (Municipal Fee \$85/State \$50) | New application <input type="checkbox"/> |
| <input type="checkbox"/> Music prior to 1PM (Municipal Fee \$175/State \$100) | Renewal <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Go Carts (\$50) | Annual <input type="checkbox"/> |
| <input type="checkbox"/> Miniature Golf (\$50) | Seasonal <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Trampolines (\$25) | Opening Date <input type="checkbox"/> |
| <input type="checkbox"/> Theater (\$150 per cinema) | |
| <input type="checkbox"/> Automatic Amusement (\$100) | |
| <input type="checkbox"/> Juke Box (\$100 each) | |
| <input type="checkbox"/> Video Games (\$100 each) | |
| | Other <input type="checkbox"/> |

Business Name Wequasset Inn LLP dba Wequasset Phone (508) 432-5400

Resort and Golf Club
Business Address 2173 Route 28, East Harwich, MA 02645

Mailing Address 2173 Route 28, East Harwich, MA 02645

Owners Name & Address MARK J. Novota,

Email Address mnovota@wequasset.com

Managers Name & Address MARK J. Novota, East Harwich

TIMES OF ENTERTAINMENT (Please specify where music will be located on your property and what type of entertainment such as live, DJ, recorded)

ENTERTAINMENT TYPE: (Check all appropriate boxes)

- Concert Dance Exhibition Cabaret Public Show Other
- Dancing by Patrons
- Dancing by Entertainers or Performers
- Recorded or Live Music
- Use of Amplification System
- Theatrical Exhibit, Play or Moving Picture Show
- A Floor Show of Any Description
- A Light Show of Any Description
- Any Other Dynamic Audio or Visual Show, Whether Live or Recorded

At any time during this concert, dance exhibition, cabaret or public show, will any person(s) be permitted to appear on the premises in any manner or attire as to expose to the public view any portion of the body as described in Mass. General Laws Chapter 140, Section 183A, Para. 3.

___ Yes No

If Yes, answer questions 1 through 4 below. Attach a separate sheet and/or exhibits if necessary:

1. Describe in complete detail the extent of exposure during the performance and the nature of the entertainment: _____

2. Furnish additional information concerning the condition of the premises and how they are suitable for the proposed entertainment: _____

3. Fully describe the actions you will take to prevent any adverse effects on public safety, health, or order: _____

4. Identify whether and how you will regulate access by minors to the premises: _____

Days/Hours of Business Operation _____

Pursuant to MGL, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns, and have paid all State taxes under the law.

[Signature] Managing Partner
* Signature of applicant & title Federal I.D. # _____

Signature of individual or corporate name Federal I.D. # _____

Signature of Manager Federal I.D. # _____

Signature of Partner Federal I.D. # _____

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes & regulations, including zoning ordinances, health regulations & building & fire codes.

Building Commissioner *[Signature]* Board of Health *[Signature]* Fire Department

[Signature]
Police Department

comments:

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
 732 MAIN ST., HARWICH, MA 02645
 508-430-7513

APPLICATION FOR LODGING HOUSE OR INNHOLDERS LICENSE

LICENSE APPLIED FOR: Lodging House Innholders

Fee: \$50 New application Annual # of rooms 120
 Renewal Seasonal Opening date 4/1/2021

Business Name Wequasset Inn LLP Phone 508-432-5400

Doing Business As (d/b/a) Wequasset Resort & Golf Club

Business Address 2173 Route 28, East Harwich, Massachusetts 02645

Mailing Address 2173 Route 28, East Harwich, Massachusetts 02645

Winter Address & Phone same

Name of Owner Wequasset Inn LLP

(If corporation or partnership, list name, title and address of officers)

Stephania McClennen & James C.A. McClennen,

Mark J. Novota,

Signature of applicant & title _____ Social Security # or Federal I.D. # _____

INNOLDERS ONLY - List total number of seats in dining/lounge area. 225

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

[Signature] By MANAGING PARTNER
 Signature of individual or corporate name Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

 Building Commissioner Board of Health Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.



OFFICE OF THE SELECTMEN
 732 MAIN STREET
 HARWICH, MA 02645
 508-430-7513

APPLICATION FOR COMMON VICTUALLERS LICENSE

Fee: \$50 New application _____ Annual _____ # of seats _____
 Renewal Seasonal _____ Opening date _____

In accordance with the provisions of the Statutes relating thereto, application for a Common Victuallers license is hereby made by:

Business Name Cape Roots Market & Cafe LLC Phone 774-209-3673

Doing Business As (d/b/a) Cape Roots Market & Cafe

Business Address 557 Rt 28 / Harwich Park, MA / 02646

Mailing Address _____

Email Address caperootsmarket@gmail.com

Name of Owner Gabe Lechner

(If corporation or partnership, list name, title and address of officers)

Gabe Lechner, owner Federal I.D. # _____
 Signature of applicant & title

Pursuant to MGL Ch. 62c, Sec. 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

Signature of individual or corporate name _____ By _____
 Corporate officer (if applicable)

REGULATORY COMPLIANCE FORM

The premises to be licensed as described herein have been inspected and found to be in compliance with applicable local codes and regulations, including zoning ordinances, health regulations and building and fire codes.

NOT APPLICABLE Matthew O'Neill B. Kelly
 Building Commissioner Board of Health Fire Department

Required signatures to be obtained by the applicant prior to submission of new applications.


OLD BUSINESS



HARWICH FIRE DEPARTMENT

MEMORANDUM

David J. LeBlanc, **Chief of Department**
Craig W. Thornton, **Deputy Fire Chief**

Date	March 31, 2021
To:	Board of Selectmen, Joseph Powers, Meggan Eldredge
From:	David LeBlanc, Chief of Department 
Subject:	Vacation buyback

As we approach the end of the fiscal year, I would like to take this opportunity to request to exercise the option in my contract to sell back two weeks of vacation time from my FY21 accrual. This has been included in the fire department budget, so there is funding available.

I apologize for the confusion on my part with my last memo regarding this issue, I failed to check my contract and remembered the language incorrectly.

CONTRACTS

OFFICE OF THE TOWN ADMINISTRATOR

Phone (508) 430-7513

Fax (508) 432-5039

Joseph F. Powers, *Town Administrator*

Meggan M. Eldredge, *Assistant Town Administrator*

732 MAIN STREET, HARWICH, MA



MEMO

TO: Joseph F. Powers, Town Administrator

FROM: Meggan Eldredge, Assistant Town Administrator *ME*
Griffin Ryder, Town Engineer

RE: Change Order #1 for the Cranberry Valley Golf Course Clubhouse Entrance
Landscape Improvement Project

DATE: April 2, 2021

This memorandum corresponds to *Contracts Agenda Item A – Discussion and possible vote to authorize the Chairman of the Board of Selectmen to execute Change Order #1 with Bowditch Excavating, Inc. for the Cranberry Valley Golf Course Clubhouse Entrance Landscape Improvement Project for \$800.00*

The attached materials outline the details of the requested change order.

I recommend the Board's approval and execution of this change order.

March 2, 2021

CHANGE ORDER No. 1

FR: Bowditch Excavating, Inc.
William R. Drake
P.O. Box 527
Accord, MA 02018
bill.drake88@comcast.net

TO: Shawn Fernandez
Town of Harwich
732 Main Street
Harwich, MA 02645

The contract for the Cranberry Valley Golf Course Clubhouse Entrance Improvement Project (Purchase Order #21019) is changed as follows:

- Move existing utilities from Starter's Building.

The total amount to be added to the initial contract price of \$86,300.00 for the aforementioned additional work is \$800.00. The new contract price is \$87,100.00.

Bowditch Excavating, Inc.
By: *William R. Drake*
William R. Drake, President
Date: 3/2/2021

Accepted by Town of Harwich
By: _____
Its: _____
Date: _____

Approved as to Availability of Funds:
DocuSigned by:
Carol Coppola (\$ 800.00)
48C32039D33D434...
Finance Director Contract Sum
04465A2/617018/1718

TOWN
ADMINISTRATOR'S
REPORT

<p>Seller: Sprague Operating Resources LLC 185 International Drive Portsmouth, NH 03801 License Number www.spragueenergy.com GS-008</p> <p>Account Manager: SD Key Account</p>	<p>Buyer/Customer: Town of Harwich 732 Main Street Harwich, MA 02645</p> <p>Distribution Utility Account Number(s): See Exhibit A</p>
<p>Attention: Contract Administration Department Phone: (844) 994-3855 Fax: (603) 430-5320 Email: contractadministrationgroup@spragueenergy.com</p>	<p>Attention: Joseph Powers Phone: (508) 430-7513 Fax: Contact Email: jpowers@town.harwich.ma.us</p>
<p>Remit Sprague Operating Resources LLC Payment To: PO Box 842985 Boston, MA 02284-2985</p>	<p>Send Invoice To: 732 Main Street Harwich, MA 02645 Attn: Accounts Payable Invoice Email:</p>
<p>Governing Law: Commonwealth of Massachusetts.</p>	<p>Service Locations: See Exhibit A</p>
<p>Initial Term: 5/1/2021 to 4/30/2024</p>	<p>Delivery Point: KeySpan (Colonial Gas) AGT NDM</p>
<p>Quantity: Buyer's full requirements for natural gas service at the Service Location(s).</p>	
<p>Price: The Contract Price shall be US\$0.4990 per Therm. The Contract Price shall be applicable to the Monthly Contract Quantities shown in Exhibit A, plus or minus a 10.00% tolerance. In the event that Buyer's usage on any day is greater than 110.00% or less than 90.00% of that day's ratable share of the Monthly Contract Quantity, Sprague shall charge or credit Buyer a market-based price for the portion of the imbalance in excess of 10.00%.</p>	
<p>Customer Authorization: Buyer authorizes Seller to obtain and review information regarding Buyer's credit history from credit reporting agencies as well as provide information to such credit reporting agencies as part of Seller's standard reporting activities, and the following information from the Utility: consumption history; billing determinants; credit information; and tax status. This information may be used by Seller to determine whether it will commence and/or continue to provide energy supply service to Buyer. Buyer's execution of this agreement shall constitute authorization for the release of this information to Seller. This authorization will remain in effect during the term of the agreement. Buyer may rescind this authorization at any time by providing written notice thereof to Contracts Administration. Seller reserves the right to cancel the agreement in the event Buyer rescinds the authorization. Upon the execution of this Agreement, Customer authorizes Seller to enroll Customer's account(s) with its local distribution company ("LDC") as of a date that is within 30 days prior to, or after, the start of the Initial Term. Additionally, Buyer hereby approves Seller's forwarding of marketing materials to Buyer. In the event that Buyer elects to "opt out" and no longer receive such marketing materials, Buyer may cancel by emailing its opt-out request directly to Seller's Customer Care Department at:CustomerCare@spragueenergy.com.</p>	
<p>Customer Service: During normal business hours, Buyer may contact Sprague Customer Service at Sprague's toll free number at: (844) 994-3835 for issues.</p>	
<p>Additional Provisions: Buyer understands and agrees that Sprague may pay a fee to Atlantic Group Energy, Inc. with regard to this Transaction Confirmation.</p>	

(800) 235-5325 In the event of a natural gas emergency, Buyer should contact their local gas utility at (800) 235-5325. To receive details on the terms of default service, Buyer should contact their local distribution company. For a list of local distribution companies and their contact information, visit the Massachusetts Department of Public Utilities Public Utilities Commission's website at: <http://www.mass.gov/> or write: Department of Public Utilities, One South Station, 5th Floor, Boston, MA 02110 or phone: (617) 305-3545.

Consumer Protections: Customers with an annual load of less than or equal to 7,000 therms may rescind service within three (3) days of receipt of this agreement.

This Natural Gas Retail Sales Agreement ("Agreement ") shall be subject to the attached Natural Gas "Terms of Service" and may be executed in multiple counterparts. The parties may rely upon facsimile or electronically-produced counterparts and signatures of this Agreement as if originals. This Agreement shall not become effective unless accepted by Sprague. Buyer hereby authorizes its LDC to provide Sprague with all information regarding Buyer's gas requirements and that which is necessary for Sprague to perform its obligations hereunder. Buyer further authorizes Sprague to act as its agent in dealing with the LDC.

SEEN AND AGREED:

Sprague Operating Resources LLC

Signature: _____

Print Name: Šener E. Pašalić

Title: Managing Director, Natural Gas & Power Sales

Date: _____

SEEN AND AGREED:

Town of Harwich

Signature: Joseph F. Powers
Joseph F. Powers (Mar 31, 2021 16:08 EDT)

Print Name: jpowers@town.harwich.ma.us

Title: Town Administrator

Date: Mar 31, 2021

Natural Gas "Terms of Service"

1. Delivery and Damages. Natural gas ("Gas") is sold hereunder on a firm basis, meaning that either party may interrupt its performance without liability only when Force Majeure applies under Section 9. For any day that Sprague fails to deliver Gas or Buyer fails to receive Gas, the performing party shall be entitled to damages from the other party equal to the cost of cover plus any transportation and/or imbalance charges or \$0.09 per therm multiplied by the number of therms which should have been received or delivered that day, whichever is greater.

2. Term. The initial term shall commence as of the first date of service, which will occur in accordance with the LDC's tariff, rules and regulations. Upon the conclusion of the initial term, this Agreement shall automatically renew on a month-to-month basis at a rate equal to a market based price plus any applicable LDC capacity and/or supply costs until terminated by either party giving at least 30 days' prior written notice to the other party; provided, however, that Buyer shall remain liable for Gas supplied by Sprague pursuant to the terms of this Agreement until such service can be terminated in accordance with the LDC's tariff, rules and regulations.

3. Termination Event. Sprague may terminate this Agreement upon 10-days' written notice to Buyer (and subject to the LDC's tariff, rules and regulations) if the Buyer a) commences a proceeding under any bankruptcy or similar law for the protection of its creditors or such proceeding is commenced against Buyer; b) otherwise becomes bankrupt or insolvent (however evidenced); or c) fails to pay Sprague's invoice when due. Upon termination, Buyer shall pay Sprague the cost of cover plus any applicable LDC capacity related costs and/or imbalance charges or \$0.09 per therm multiplied by the number of therms in the remaining term, whichever is greater. Buyer shall be liable for all costs and reasonable attorney fees incurred by Sprague in collecting overdue payment from Buyer. Notwithstanding any terms to the contrary in this Agreement, Sprague shall abide by all notice and cure periods as required by all applicable laws and regulations.

4. Transportation, Nominations and Scheduling. Sprague will deliver Gas in compliance with the applicable tariff's quality and measurement specifications and transport it to the delivery point(s), at which title shall pass to Buyer and Buyer will be responsible for transporting the Gas from such delivery point. Sprague expressly disclaims all other warranties of quality or fitness for a particular purpose. Buyer shall be responsible for all imbalance charges, penalties or other fees except those resulting from Sprague's failure to reasonably nominate and schedule Gas for Buyer. Upon request, Buyer shall provide to Sprague copies of Buyer's LDC statements, reports or meter readings.

5. Operational Change or Flow Order. Buyer shall immediately notify Sprague of any event that may materially alter Buyer's Gas usage, i.e. equipment installations, repairs, shutdowns, or production schedule changes. Buyer shall also immediately notify Sprague of, and fully comply with, all curtailment or interruption orders or similar notices. If a known event exceeds one month in duration, Sprague may renegotiate this agreement and terminate this agreement if a satisfactory renegotiation cannot be completed within 30 days. If Sprague is negatively impacted financially from such Operational Change, Buyer agrees to reimburse Sprague for all documented costs. In the event an Operational Flow Order, Critical Day or restriction is declared by transporters upstream or downstream of the Delivery Point, Sprague may cash out all volumes nominated or used above or below the day's ratable share of the Monthly Contract Quantity at a market based price.

6. Taxes. Sprague shall pay all taxes (including but not limited to sales, use, distribution, excise, or gross receipts), fees, levies, penalties, licenses or charges imposed, whether now or in the future, by any government authority ("Taxes") on or with respect to the Gas prior to the delivery point(s). Buyer shall pay all Taxes, whether stated separately or as part of the price, on or with respect to the Gas at and after the delivery point(s). Any party entitled to an exemption from any Taxes must furnish the other party with supporting documentation.

7. Billing and Payment. Sprague shall monthly invoice Buyer for delivered Gas based upon the best available information, including nominated volumes. Buyer shall make full payment within thirty (30) days of the invoice date, and Sprague shall make any necessary adjustment in the invoice following discovery of the actual quantities. If the Buyer's LDC billing cycle is not based on a calendar month, Sprague shall establish a single price for the billing cycle on the closing date based on the applicable monthly prices. Sprague may charge Buyer an interest rate of one and a half percent (1½%) monthly or the maximum legal rate, if lower, on any late payment. The LDC's meter reading shall control for the purpose of determining an invoice's accuracy, and the Buyer shall not dispute an invoice based on a meter reading absent documentation from the LDC, verifying an error in the meter reading and setting forth the accurate meter reading.

8. Credit. Buyer agrees to provide its financial information as Sprague reasonably requests from time to time for the purpose of assessing and monitoring Buyer's financial condition.

9. Force Majeure. Except for a party's payment obligation, neither party shall be liable to the other for failure to perform an obligation to the extent caused by Force Majeure, meaning acts of God, fires, floods, explosions, storms, or storm warnings, breakage of machinery or pipelines, freezing of wells or pipelines, sudden failure of gas supply, failure or curtailment of transportation, strikes, lockouts or other industrial disturbances, acts of terrorism or war, or any other non-financial cause outside the control of the party claiming Force Majeure. If the party claiming Force Majeure promptly notifies the other party in writing as soon as reasonably possible, such party is relieved of its obligation to deliver or receive Gas from the onset of the Force Majeure event through its duration. Sprague may prorate its available supply at an affected delivery point based on nominated volumes among Sprague's firm customers receiving Gas at such delivery point.

10. Tariffs, Laws and Regulations. This Agreement shall be subject to all local, state and federal laws and regulations and any applicable order of a governmental body or official. Each party shall indemnify, defend and hold harmless the other party from any fines, penalties, assessments or liabilities imposed by any governmental authority relating to the failure of such party to comply with any applicable law, regulation or order. In the event any law, regulation or order of any governmental authority adversely and materially impacts Sprague's ability to perform or there is an approved change to a transporter tariff and/or utility capacity assignment resulting in a related rate increase, the contract price set forth in this Transaction Confirmation may be adjusted accordingly.

11. Waiver and Severability. No party's waiver of any breach of performance shall be deemed a waiver of any subsequent breach. Should a court of competent jurisdiction hold any provision herein invalid, illegal or unenforceable, that provision shall be eliminated or limited to the minimum extent necessary so that this Agreement shall otherwise remain in full force and effect and enforceable.

12. Integration and Assignability. This Agreement contains the parties' entire understanding and supersedes any prior agreement between the parties. This Agreement shall be binding upon and inure to the benefit of the parties' successors and assigns and may only be modified by written agreement between the parties. Buyer shall not assign this Agreement without Sprague's consent.

13. Confidentiality. Buyer shall not disclose the terms stated herein, including price, without Sprague's consent.

14. Limitations. Neither party shall be liable for specific performance, consequential, incidental, punitive, exemplary or indirect damages, lost profits or other business interruption damages.

15. Governing Law. This Agreement shall be governed by and interpreted in accordance with the laws of the state identified on the first page. The parties hereby waive any right to a jury trial.

Exhibit A

Volumes.

Buyer's Monthly Contract Quantities (stated in therms) during the Initial Term and any subsequent term shall be as follows:

Jan: 18,073	Feb: 16,660	Mar: 14,880	Apr: 8,670	May: 5,456	Jun: 720
Jul: 341	Aug: 465	Sep: 1,110	Oct: 4,340	Nov: 9,900	Dec: 15,004

Service Locations

Service Address	Utility Account Number	Utility Meter Number	Location Description	Capacity Assignment Quantity
177 Sisson Road Harwich, MA 02645-0000	5511817620	None	Harwich Fire Dept ~ 5511817620 COL AGT NDM	13.1434
273 Queen Anne Road Harwich, MA 02645-0000	5511818370	None	Harwich Highway Dept ~ 5511818370 COL AGT NDM	7.5427
196 Chatham Road Harwich, MA 02645-0000	5513224160	None	Harwich Water Dept ~ 5513224160 COL AGT NDM	3.6728
739 Main Street Harwich, MA 02645-0000	5511817080	None	Harwich Library ~ 5511817080 COL AGT NDM	9.6155
732 Main Street Harwich, MA 02645-0000	5511817170	None	Harwich Town Administrator ~5511817170 COL AGT NDM	16.3262
90 Forest Street Harwich, MA 026450000	5511817590	None	Harwich Highway Dept ~ 5511817590 COL AGT NDM	0.5779
728 Main Street Harwich, MA 02645-0000	5511817020	None	Harwich Town Administator ~ 5511817020 COL AGT NDM	1.5561
265 Sisson Road Harwich, MA 02645-0000	5511817500	None	Harwich Town Administrator ~5511817500 COL	3.0089

Natural Gas Retail Sales Agreement

Contract Number: _____

AGT NDM

205 Queen Anne Road Harwich, MA 02645-0000	5513012220	None	Harwich Highway Dept ~ 5513012220 COL AGT NDM	1.6032
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183 Sisson Road Harwich, MA 02645-0000	5511820030	None	Harwich Police Dept ~ 5511820030 COL AGT NDM	20.1247
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80 Parallel Street Harwich, MA 02645-0000	5511817680	None	Harwich Town Administrator ~5511817680 COL AGT NDM	5.3896
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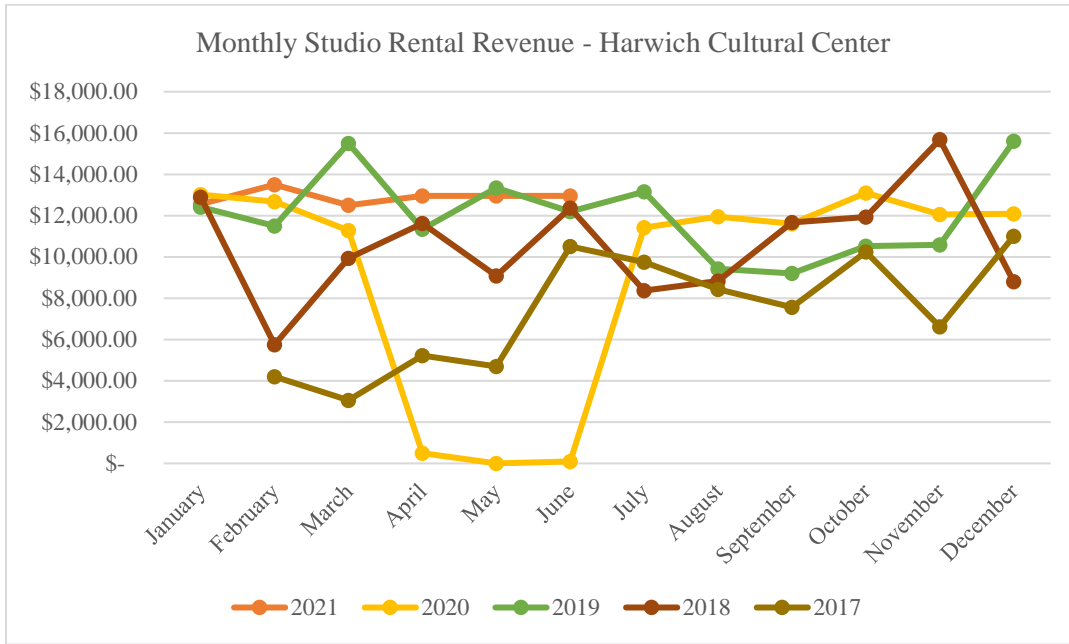
209 Queen Anne Road Harwich, MA 02645-0000	5511818600	None	Harwich Highway Dept ~ 5511818600 COL AGT NDM	2.2347
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196 Chatham Road Harwich, MA 02645-0000	5513225930	None	Harwich Water Dept ~ 5513225930 COL AGT NDM	0.2144
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1464 Orleans Rd. Harwich, MA 026450000	5518923280	None	Harwich Fire Dept ~ 5518923280 COL AGT NDM	3.4232
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100 Oak Street Harwich, MA 02645-0000	5511621460	None	Harwich Community Center ~ 5511621460 COL AGT NDM	31.6011
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FY-21 Quarter 3 Report – Harwich Cultural Center



Quarter 3 Studio Revenue Estimated Total: \$38,550.00

The Harwich Cultural Center has maintained steady occupancy of our 40 long-term studios despite the ongoing pandemic. Rental revenue estimated for the third quarter breaks down as January/\$12,550.00 + February/\$13,500.00 and March/\$12,500.00 for an estimated total of \$38,550.00. As of March 31, 2021, the center has over 60 individuals utilizing studios for a variety of reasons including creative writing, upcycling and repurposing, health and wellness, electronic design and fabrication, research, fine art, and much more. Renters continue to be active in our community in a variety of ways including supporting local businesses with products, developing PPE items for our local healthcare providers, and promoting our Blue Economy. One recent new renter to the center is a new homeowner in Harwich.

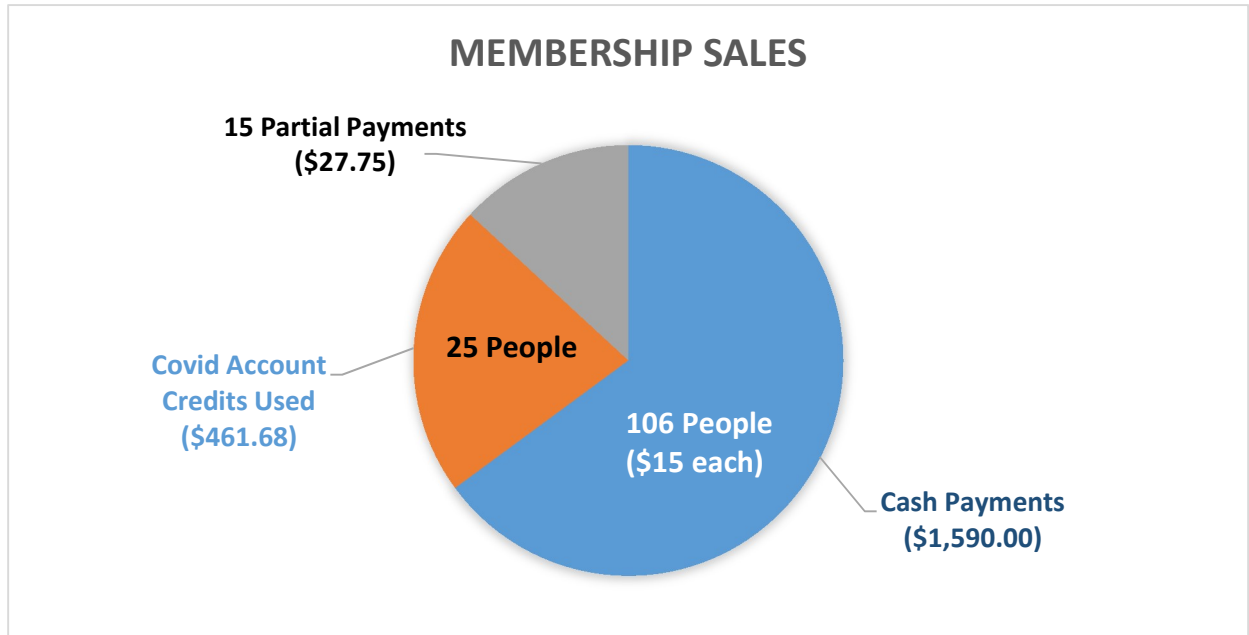
Each day the Town and the Harwich Cultural Center continues to move out of the pandemic towards new opportunities and ventures. Public interest in booking rental space has picked up as the availability of vaccines has increased and groups look to return to pre-pandemic activities. Our monthly “Coffee and Conversation” was brought back in March with some changes to meet current COVID protocols. Two Harwich Rec. Department programs in the Activity wing and two in-studio classes in the Main wing were approved to operate by the Harwich Health Director and continue weekly with much success.

Seaside Marketplace at Saquatucket Marina

The online vendor application process opened on January 1, 2021, for the third season of the Seaside Marketplace at Saquatucket Marina. The marketplace is scheduled for 10 weeks beginning June 30 through September 7, from 10:00 a.m. to 6:00 p.m. To date 38 of 40 available slots have been booked for a total revenue of \$7,600.00. The two remaining slots available are for week 10, September 1 through September 7. Once again, the Seaside Marketplace will feature a variety of new and returning vendors selling items such as ceramics, photography, prints and paintings, seasonal apparel, jewelry, upcycled vintage items, and children’s wear.

Harwich Community Center – Weight Room Revolving Fund

Report from 1/1/21 – 3/23/2021



- **The Weight Room officially re-opened on October 5th, 2020**
 - Total Revenue: + \$1,617.75
 - Total Expenditure: 0

131 Transactions { **25 on account credits used**
106 Partial or full monthly payments made

October 5 th , 2020 – March 19 th , 2021 Reservation Timeslot Counts	
6:00am – 7:30am	197 Reservations
8:00am – 9:30am	526 Reservations
10:00am – 11:30am	495 Reservations
12:00pm – 1:30pm	396 Reservations
2:00pm – 3:30pm	235 Reservations

Employee – Part-time / non-benefits

19 Hours a week
 1/1/21 – 3/26/21
 \$4,154.67