

Mark Pruhenski
Town Manager

E-mail: mpruhenski@townofgb.org
www.townofgb.org



Town Hall, 334 Main Street
Great Barrington, MA 01230

Telephone: (413) 528-1619 x2900
Fax: (413) 528-2290

TOWN OF GREAT BARRINGTON MASSACHUSETTS

OFFICE OF THE TOWN MANAGER

Selectboard Meeting via Zoom and in person at 334 Main Street Great Barrington MA
Order of Agenda for Monday, December 4, 2023, at 6:00 PM

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/84727797185?pwd=NDFRUjFITE12eDN3bE5LaTNBQ0RmZz09>

Webinar ID: 84727797185

Dial-in, audio-only: (929) 205 6099

Pursuant to Governor Baker's March 12, 2020 Order Suspending Certain Provisions of the Open Meeting Law, G.L. c. 30A, §18, and Governor Healey's March 29, 2023 Revised Order extending remote participation by all members in any meeting of a public body, this meeting of the Selectboard will be conducted both in-person and via remote participation to the greatest extent possible. Specific information and the general guidelines for remote participation by members of the public and/or parties with a right and/or requirement to attend this meeting can be found on town's website, at www.townofgb.org. For this meeting, members of the public and committee members may attend the meeting in person, or, for those who wish to do so remotely may by following the instructions at the top of this agenda. For those who are not in-person every effort will be made to ensure that the public can adequately access the proceedings in real time, via technological means.

1. CALL TO ORDER SELECTBOARD REGULAR MEETING
2. APPROVAL OF MINUTES
3. SELECTBOARD'S ANNOUNCEMENTS/STATEMENTS
4. TOWN MANAGER'S REPORT
 - a. Housatonic Water Works
 - b. Williamstown and Great Barrington Inter-Municipal Agreement - Providing training services to the Health Agent of Williamstown for a period of 6 months
 - c. 2024 Town Meeting/Election Calendar
5. LICENSES AND PERMITS
 - a. Application for Access to a Public Way/Driveway Permit – 10 and 13 Knob Hill Rd., Great Barrington, MA 01230.
 - b. Application for One Day Beer and Wine Liquor License – Natali Rotches, fundraiser scheduled for December 15, 2023 at Berkshire South Regional Community Center.
 - c. Application for Temporary Weekday Entertainment License – Cove Bowling fundraiser for Construct scheduled for December 22, 2023.
6. PUBLIC HEARINGS
 - a. 300 Stockbridge Road – New Liquor License Application (Wines and Malt Beverages) – Price Chopper Operating Co. of Massachusetts, Inc.

- i. Open public hearing
 - ii. Public comments; speak in favor or opposition
 - iii. Close public hearing
 - iv. Selectboard discussion
 - v. Motion; decision
- b. 28 Railroad Street – Transfer of Liquor License Application (Wines and Malt Beverages) – MOD Inc. (D/B/A Dare Bottleshop & Provisions).
 - i. Open public hearing
 - ii. Public comments; speak in favor or opposition
 - iii. Close public hearing
 - iv. Selectboard discussion
 - v. Motion; decision

7. NEW BUSINESS

- a. The Future of CTSB-TV- Presentation by Richard Frederick/Executive Director
- b. Library Trustees update on their Strategic Plan
- c. Conveyance of Interest in land along Old Route 7 path - Tax Parcel #26-27-A

8. CITIZEN SPEAK TIME

Citizen Speak Time is an opportunity for the Selectboard to listen to residents. Topics of particular concern or importance may be placed on a future agenda for discussion. This time is reserved for town residents only unless otherwise permitted by the chair, and speakers are limited to 3 minutes each.

9. SELECTBOARD'S TIME

10. MEDIA TIME

11. ADJOURNMENT

NEXT SELECTBOARD MEETING

December 12, 2023 January 8, 2024 January 22, 2024 February 12, 2024



Mark Pruhenski, Town Manager

Pursuant to MGL. 7c. 30A sec. 20 (f), after notifying the chair of the public body, any person may make a video or audio recording of an open session of a meeting of a public body, or may transmit the meeting through any medium. At the beginning of the meeting, the chair shall inform other attendees of any such recordings. Any member of the public wishing to speak at the meeting must receive permission of the chair. The listings of agenda items are those reasonably anticipated by the chair, which may be discussed at the meeting. Not all items listed may in fact be discussed and other items not listed may be brought up for discussion to the extent permitted by law.

**INTER-MUNICIPAL AGREEMENT BETWEEN THE TOWN OF WILLIAMSTOWN
AND THE TOWN OF GREAT BARRINGTON
FOR PROVISION OF HEALTH DEPARTMENT SERVICES**

This Agreement is made and entered into this 4th day of December, 2023, in accordance with the provisions of Massachusetts General Laws, Chapter 40, section 4A by and between the Town of Williamstown, Massachusetts, acting by and through its Board of Selectmen and the Town of Great Barrington, Massachusetts, acting by and through its Selectboard.

General Terms

I. Effective date and term

This agreement shall take effect December 5, 2023 for an initial period of six months, unless earlier terminated or otherwise agreed to by the parties.

II. Purpose

The purpose of this agreement is for the Town of Great Barrington, hereafter Great Barrington, to provide Health Department services to the Town of Williamstown. Both parties are desirous of this arrangement, by and pursuant to vote of the Williamstown Selectboard and the Great Barrington Selectboard authorizing this Agreement.

III. Services to be Provided

Great Barrington shall provide the services of its Health Agent to provide general and specialized supervision; technical assistance; advice and training to the Board of Health and the Williamstown Health Agent. This will be conducted through regular emails, video and or phone calls and no less than two and no more than four on site meetings per month in Williamstown. If requested, the Health Agent may be asked to review or prepare materials for Board of Health Meetings and to review or prepare any post-meeting legal documentation, if requested by the Williamstown Town Manager or the Board of Health.

The Great Barrington Health Agent shall continue to report to the Town Manager for Great Barrington. She may communicate operationally, for services on behalf of Williamstown, through the Town Manager in Williamstown or his designee.

If Williamstown requires inspectional services to be provided by the Health Agent, this will continue to be done through the Berkshire Public Health Alliance.

IV. Payment

As compensation for provision of services hereunder, Great Barrington shall receive from Williamstown a monthly payment of \$1000 for services, beginning on the dated noted above. Great Barrington shall invoice Williamstown monthly for the cost of service. There are no operating costs or capital costs associated with this agreement. Parties agree to negotiate if expenses not provided for herein develop during the term of this agreement.

V. Salaries, Wages, and Benefits

The Health Agent is a position that will be employed by Great Barrington, which shall be responsible for payment of all salaries, wages, and benefits.

Termination

Either party may terminate this agreement at any time with 30 days written notice to the other party. In the event this agreement is terminated, Great Barrington is required to complete any services for which payments have already been made.

VI. Amendments

Amendments to this agreement may be made at any time upon the agreement of both parties, and shall be in writing and signed by each party.

VII. Provisions for Financial Safeguards Required by G.L. c.40, s.4A

Williamstown shall maintain accurate and comprehensive records of services performed, costs incurred, and reimbursements and contributions received.

Williamstown shall arrange for the performance of annual audits of such records, which audits may be included as part of Williamstown's annual, independent audit of its financial statements.

Williamstown must ensure that all officers or staff responsible for carrying out the terms and conditions of this agreement shall give appropriate performance bonds if required.

Williamstown shall provide Great Barrington any information reasonably requested by Great Barrington to present a complete picture of the financial condition of the shared department, function or position.

The parties otherwise shall comply with all other provisions of M.G.L. c.40, s.4A.

VIII. Liability

Both Williamstown and Great Barrington shall be responsible for the actions of their respective employees. Great Barrington will retain liability for any actions taken by the Director on behalf of or at the direction of the Town of Williamstown.

IX. Severability

If any part of this agreement is declared unenforceable or invalid by a court of competent jurisdiction, the remainder will continue to be valid and enforceable if the purpose of the agreement may still be achieved.

X. Official Notice

Official notice from one party to another shall be served by sending certified mail to the following addresses:

Town of Great Barrington
Great Barrington Town Hall
334 Main Street
Great Barrington, MA 01230

ATTN: Town Manager

Williamstown Municipal Building
31 North Street
Williamstown, MA 01267
ATTN: Town Manager

Town of Williamstown

Town of Great Barrington

Jeffery Johnson, Chair

Stephen Bannon, Chair

Jane Patton, Vice-Chair

Leigh S. Davis, Vice-Chair

Randal Fippinger

Eric Gabriel

Stephanie Boyd

Garfield Reed

Andrew Hogeland

Benjamin Elliott

2024 Town Meeting/Election Calendar

Selectboard Open Citizen Petition Time (8:30 am)	Tuesday, January 2, 2024
Selectboard Close Citizen Petition Time (4:00 pm)	Wednesday, January 31, 2024
Nomination Papers Available in Clerk's Office	Thursday, February 1, 2024
Last Date to obtain nomination papers (5:00 pm)	Friday, March 22, 2024
Last Day to submit nomination papers (5:00 pm)	Tuesday, March 26, 2024
Planning Board to have completed all Public Hearings by this date	Thursday, March 28, 2024
Last Day to Object or Withdraw Nomination	Thursday, April 11, 2024
Selectboard approves final warrant	Monday, April 22, 2024
Last Day to have warrants printed	Wednesday, April 24, 2024
Last Day to register to vote (until 5:00 pm)	Friday, April 26, 2024
Last Date to post Warrant	Monday, April 29, 2024
Town Meeting @ Monument Mountain 6:00 pm	Monday, May 6, 2024
Deadline to submit a Vote by Mail Application (4:00 pm)	Tuesday, May 7, 2024
Town Meeting @ Monument Mountain 6:00 pm (Night 2 if needed)	Thursday, May 9, 2024
Town Election 8:00 am- 8:00 pm	Tuesday, May 14, 2024

Town of Great Barrington

Selectboard

Application for Access to a Public Way / Driveway Permit

Agenda 5 a.

Form date: August 2015

[Signature]
 Fee \$50.00 CK
 # 11808
 Number

INSTRUCTIONS

RETURN FIVE (5) COPIES OF THIS FORM AND ALL ACCOMPANYING PLANS, ALONG WITH THE \$50.00 FEE to the Department of Public Works office in Town Hall, 2nd Floor, 334 Main Street, Great Barrington, MA 01230. Plans must show the location of the driveway on the property and must also indicate all details needed in order to determine that driveway regulations are met, including paving material, width, grade, drainage, culverts, angle to street, etc. See Chapter 153 of the Town Code for driveway regulations.

Application Date 11/03/23Name of Applicant / Property Owner Yigal Litvin and Robin Scheman, and Benny Ezekial David and Ephrat DavidMailing address Litvin/Scheman: 13 Knob Hill, GB; Benny Ezekial David and Ephrat David: 10 Knob Hill Road, GBPhone number (413) 644-0200 (Counsel for Litvin/Scheman, Alexandra Glover)Location of proposed driveway / highway entrance Knob Hill Road, extending southwesterlyContractor who will perform the work Andy Naylor or other experienced contractorAddress & phone number of contractor To be provided prior to commencement of constructionProposed construction date 90 days after permit approvalType of driveway (gravel, asphalt, etc.) Gravel

Print Form

Submit five (5) copies of completed form and plans.

Applicant hereby agrees to notify the Great Barrington DPW Superintendent of the date and time of driveway construction at least 24 hours before construction is begun. Applicant further agrees to conform to all requirements of the Town of Great Barrington regulations governing access to public ways and to all conditions that may be placed on this permit. See Chapter 153 of the Town Code for regulations and design requirements.

Applicant's Signature: see attached signature page**FOR STAFF USE ONLY****RECOMMENDATION OF DPW / HIGHWAY SUPERINTENDENT**

After consultation with review staff, and after full consideration of the application and the applicable requirements, I recommend that this application be:

() approved as submitted

() approved with conditions attached

() disapproved for reasons attached

() resubmitted with changes suggested per attached

Staff Reviews Received:

	Received	Conditions Recommended	Other Permits Required
Conservation:	()	()	()
Fire Chief:	()	()	()
Planning:	()	()	()

PERMIT FOR ACCESS TO A PUBLIC WAY / DRIVEWAY

Pursuant to its vote of _____ in favor and _____ opposed, at its meeting on _____, the Great Barrington Selectboard granted permission to construct or alter this access to a public way at the address and in the location indicated in this application, in accordance with the plans accompanying this application, and subject to any conditions attached.

For the Selectboard: _____, its _____

(signature) (title) (date)

SUPPLEMENT TO DRIVEWAY APPLICATION UNDER ARTICLE II §153-13

Owners/Properties

<u>Litvin/Scheman Property</u>	<u>David Property</u>
13 Knob Hill	10 Knob Hill Road
Yigal (Sam) Litvin Robin Scheman 13 Knob Hill Great Barrington, MA 01230	Benny Ezekial and Ephrat David 10 Knob Hill Road Great Barrington, MA 01230

Background

Sam Litvin and Robin Scheman, and Benny Ezekial and Ephrat David, are the respective owners of two abutting properties on Knob Hill. The Litvin/Scheman property includes an unimproved building lot. This lot is benefited by an easement over the David property. There was a dispute among the property owners about the easement. During the course of litigation in the Massachusetts Land Court, the owners negotiated a resolution to their differences and now jointly file this application for a driveway permit over the easement. The agreement has been reported to the Land Court, and the matter is stayed pending a decision from the Town on this application.

There is at present no driveway serving the Litvin/Scheman unimproved lot. There is an approved driveway on the David property, which driveway is semi-circular in shape. While the David driveway does enter Knob Hill Road at two different points, it is a single driveway servicing a single home, and thus the two driveway cuts do not increase traffic or affect safety on Knob Hill Road. At the beginning of the litigation, Mr. and Mrs. David did apply for a permit for two driveways. The Davids were not represented by counsel in that application, and wish to clarify that, although their driveway is semicircular, it should be considered a single driveway serving a single residence.¹

The compromise reached by the property owners was to affirm the easement benefiting the Litvin/Scheman property, but to restrict the proposed driveway both in width and terms of use.

The owners seek, through this application, to be permitted to maintain the David driveway in its current configuration, and to add a driveway on the west side of the David

¹ The proposed driveway is to be located on a pre-existing easement that was granted almost 50 years ago, in 1974. The circular driveway servicing the David Property is similarly longstanding. A dispute had arisen between the owners of these two properties that was before the Land Court. Happily, the parties came to an agreement as to the easement, and the agreement concerning the proposed driveway has been submitted to the Land Court. The Court has held the case open, pending approval of the requested driveway permit.

property, accessing the Litvin/Scheman unimproved lot. The proposed driveway would service only one single-family lot.

Description of Proposed Construction

The driveway is proposed to have a traveled way of 10 feet, which is two feet wider than the minimum required width of eight feet set forth in the Great Barrington Code §153-14.I. The driveway is designed to intersect with Knob Hill Road at a 90° angle, with clear visibility in both directions. The driveway will slope away from the public way, so any runoff is not expected to discharge onto the road.

The driveway surface will be gravel. Drainage structures are not expected to be required.

The installer will be Andy Naylor or an alternate bidder. Construction is expected to be completed within three months of full Town approval, dependent on weather and the installer's schedule.

Design Requirements

The proposed driveway and existing driveway meet all of the design requirements set forth in §153-14.

The application seeks approval for two driveways, each servicing one single-family residence. The fact that one driveway is semi-circular and one is a traditional configuration should not cause this Board to view the application as one for three separate driveways. The by-law provides that "[n]o more than two driveways shall normally be allowed for any property unless there is clear necessity for more", §153-14(C). Here, there are in actuality only two driveways servicing two houses.

Moreover, even if this Board does consider the application as one for three driveways, there is a "clear necessity" for this configuration. Should Mr. Litvin and Ms. Scheman be forced to forego the longstanding recorded easement, they will have to construct a new driveway for the unimproved lot on Knob Hill (rather than Knob Hill Road). The topography on Knob Hill is much worse than the proposed location over the David property. A new driveway on Knob Hill would have reduced visibility and thus would be less safe for the public, as well as for users of that driveway.

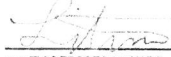
Conclusion

The proposal for two driveways, one of which is semi-circular and one of which is a traditional straight driveway, over the David property should be approved as the driveways meet the design requirements of §153-14, and as the proposed configuration is the simplest and safest location for a driveway to the Litvin-Scheman property.

Applicants/Owners

13 Knob Hill, Great Barrington, MA

DocuSigned by:



Yigal Litvin

Dated: 10/31/2023

DocuSigned by:



Robin Scheman

Dated: 10/31/2023

Owners Assenting to Application

10 Knob Hill Road, Great Barrington, MA



Benny Ezekial David

Dated:

11/2/23



Ephrat David

Dated:

11/2/23

THESE PARCELS ARE SUBJECT TO AND WITH THE BENEFIT OF ALL RIGHTS, RESTRICTIONS, CONDITIONS, EASEMENTS, LEASES, ENCUMBRANCES AND APPURTENANCES OF RECORD.

UNLESS OTHERWISE NOTED HEREON, THIS SURVEY PLAN SHALL NOT BE CONSTRUED AS DENYING THE PRESENCE, ABSENCE, OR LIMITS OF ANY OR ALL REGULATED WETLANDS OR FLOODPLAINS. ANY SURFACE WATER FEATURES SHOWN, SUCH AS STREAMS OR PONDS, ARE NOT REPRESENTED AS INDICATING LIMITS OF WETLAND RESOURCE AREAS.

RECORD OWNERS: YIGAL LITVIN & ROBIN SCHEMAN

LOCUS DEEDS: BK - 2632 PG - 328
(SEE PLAN IN PLAT FILE D-016)

THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN ATTORNEY'S ABSTRACT OF TITLE AND/OR TITLE REPORT AND IS SUBJECT TO ANY STATEMENT OF FACTS SUCH ABSTRACT OR REPORT WOULD HAVE REVEALED. THIS PROPERTY WAS SURVEYED BY THE POSSESSION LINES FOUND AT THE TIME THE SURVEY WAS MADE.

ZONING REQUIREMENTS:

ZONING DISTRICT: R1A
MIN. LOT SIZE: 10,000 SQ. FT.
MIN. LOT WIDTH: 100'
MIN. LOT FRONTAGE: 80'
MIN. FRONT YARD SETBACK: 25'
MIN. SIDE YARD SETBACK: 20'
MIN. REAR YARD SETBACK: 30'

PLANNING BOARD ENDORSEMENT DOES NOT IMPLY COMPLIANCE WITH THE MASS. WETLANDS PROTECTION ACT.

N/F LAND OF
RUZDEKMAN
BK - 1988 PG - 192
(SEE PLAN IN PLAT FILE N-30)
(SEE PLAN IN PLAT FILE P-103)

N/F LAND OF
CARR
BK - 1974 PG - 286
(SEE PLAN IN PLAT FILE P-103)

N/F LAND OF
DAVID
BK - 2105 PG - 256

N/F LAND OF
CHRISLOFF
BK - 2355 PG - 95
SEE PLAN IN PLAT FILE N-157
SEE PLAN IN MAP FILE #62 ENTITLED
"ESTATE OF MARGARET G. LOFTUS"
DATED MAY 1, 1970

PLANNING BOARD ENDORSEMENT DOES NOT IMPLY COMPLIANCE WITH TOWN OF GREAT BARRINGTON ZONING REGULATIONS

APPROVAL NOT REQUIRED UNDER THE
SUBDIVISION CONTROL LAW

GREAT BARRINGTON PLANNING BOARD

CHAIRMAN

[Signature]

For the Planning Board

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

I HEREBY CERTIFY THAT THIS PLAN HAS BEEN PREPARED IN CONFORMANCE WITH THE RULES AND REGULATIONS OF THE REGISTER OF DEEDS AND THE COMMONWEALTH OF MASSACHUSETTS.

SIGNED

PROFESSIONAL LAND SURVEYOR

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

13 Knob Hill

10 Knob Hill Road

LOT - 2
0.716 - ACRES
(31,207.9 - SQ.FT.)

LOT - 1
0.387 - ACRES
(16,843.5 - SQ.FT.)

PARCEL - 1A
0.085 - ACRES
(3,703.1 SQ.FT.)

NUMBER	DIRECTION	DISTANCE
L1	N 47°04'18" W	10.00'

Southern Berkshire Registry of Deeds



2021 0205144

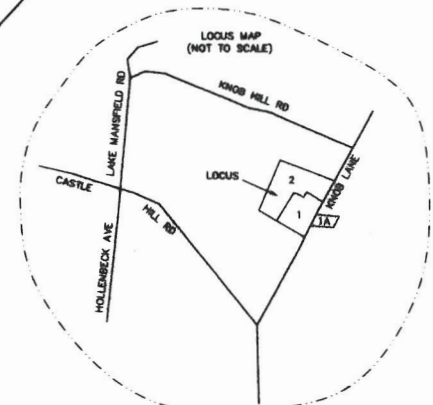
Page: 1 of 1 08/25/2021 05:30 PM

Plat File
D-E16
Michelle Laramée-Jenny
Register of Deeds

FOR REGISTRY USE ONLY

LEGEND

- ▲ POINT COMPUTED
- IRON PIPE/ROD
- IRON ROD TO BE SET
- DROP INLET
- ◇ UTILITY POLE
- FENCE LINE
- MANHOLE
- HYDRANT
- STONE PILE
- RAILROAD SPIKE FOUND



Scale 1" = 30'

PLAN OF LAND PREPARED FOR

ROBIN SCHEMAN

&

YIGAL LITVIN

GREAT BARRINGTON, MASSACHUSETTS

JULY - 2021 SCALE 1" = 30'

KELLY, GRANGER, PARSONS & ASSOCIATES, INC.

PROFESSIONAL LAND SURVEYORS

312 MAIN STREET P.O. BOX 88

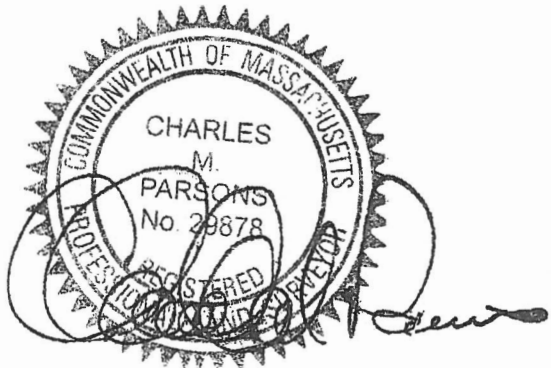
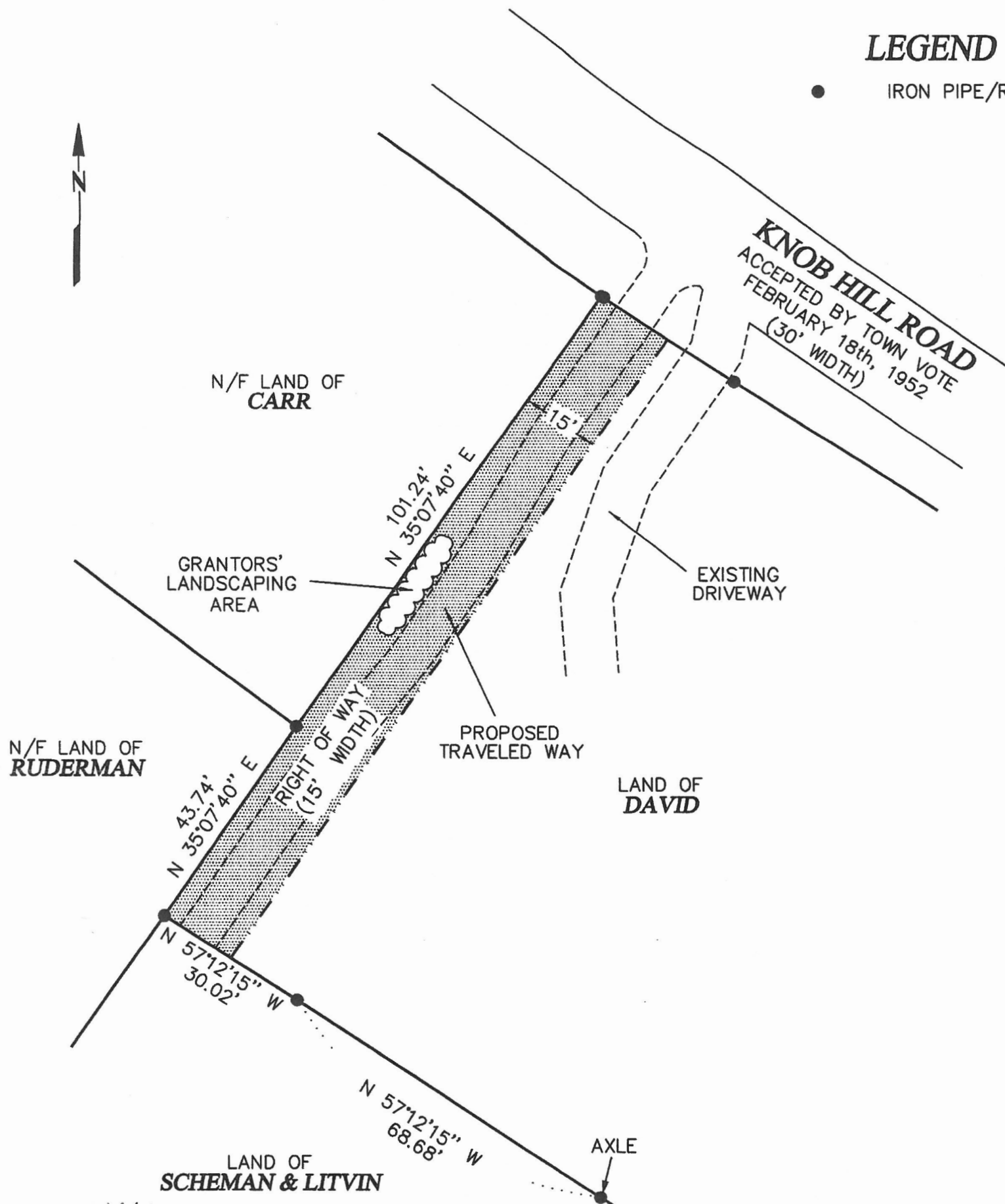
GREAT BARRINGTON, MASSACHUSETTS 01230

PHONE (413) 528-1912 FAX (413) 528-3291

C:\Carson Projects\Great Barrington\knob hill\scheman\yacheman1120.dwg (MAR)

LEGEND

● IRON PIPE/ROD



EASEMENT SKETCH PREPARED FOR
ROBIN SCHEMAN

&

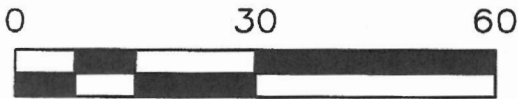
YIGAL LITVIN

GREAT BARRINGTON, MASSACHUSETTS
APRIL - 2023 SCALE 1" = 30'
KELLY, GRANGER, PARSONS & ASSOCIATES, INC.
PROFESSIONAL LAND SURVEYORS

312 MAIN STREET P.O. BOX 88
GREAT BARRINGTON, MASSACHUSETTS 01230

FAX (413) 528-1912 PHONE (413) 528-3291

C:\Carlson Projects\Great Barrington\knob lane\scheman\scheman623.dwg (MAR)



APPLICATION FOR ACCESS TO A PUBLIC WAY/DRIVEWAY PERMIT –

LOCATION: __ KNOB HILL ROAD (BETWEEN 10-13) – SCHEMAN & DAVID

Approval Contacts

Great Barrington Conservation Commission <conservation@townofgb.org>; Joe Aberdale <jaberdale@townofgb.org>; Paula Ely <PEly@Townofgb.org>; Scott Turner <sturner@Townofgb.org>; John Malumphy <JMalumphy@Townofgb.org>

 DPW APPROVAL – John Malumphy, Joe Aberdale

 CONSERVATION – SHEP

 PLANNING – Chris Rembold

 FIRE DEPT. – Scott Turner

 WASTEWATER – Paula Ely

 Police Dept. - Paul Storti

GIVE TO AMY TO PUT ON SELECTBOARD HEARING SCHEDULE

APPLICANT MUST ATTEND NEXT SELECTBOARD MEETING FOR APPROVAL.



Fee: \$25.00 (per day) - cash
attached.

RECEIVED
TOWN OF GREAT BARRINGTON

NOV 15 2023

SELECTBOARD &
TOWN MANAGER'S OFFICE

APPLICATION FOR ONE DAY LIQUOR LICENSE

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for a License in accordance with the provisions relating thereto:

Applicant's Name: Natali Kotches

Organization Name: /

Applicant's Address: 93 East St GIB 01230

Telephone Number: 4138544882

Type of License: ☒ **ONE DAY BEER & WINE** ☐ **ONE DAY ALL ALCOHOLIC**
(Circle one)

Event: fundraiser at Berkshire South

Date: 12/15/2023 Start Time: 6:00 PM End Time: 9:00 PM

Event Address: 15 Crissey Rd Great Barrington MA 01230

Is the Event on Town property? YES ☐ NO ☒

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

1. TIPS or ServSafe Alcohol certification for anyone serving alcohol.
2. Certificate of Insurance showing proof of Liquor Liability coverage.
(If the event is on Town property, the certificate must name the Town of Great Barrington as additional insured.)
3. If the event is not on applicant's property, a letter of permission from the owner is required.

Liability: The below individual agrees to take responsibility for the above-noted event and further agrees to indemnify, save harmless, and defend the Town of Great Barrington, its officers, employees and agents, from and against any and all liabilities, claims, penalties, forfeitures, suits, and the costs and expenses incident thereto, which may occur in connection with this event.

N Kotches
Signature of Applicant

12/15/23
Date

FOR TOWN USE:

Approved _____

Denied _____

Postponed _____



TRIFSH0001

SLB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/16/2023

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

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

PRODUCER Wheeler & Taylor, Inc 333 Main St. Great Barrington, MA 01230	CONTACT NAME: Sharon L. Meppen
	PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS: smeppen@wheelerandtaylor.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Philadelphia Insurance Companies
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER HOST LIQUOR			EV128601	12/15/2023	12/16/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Fa occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Fa accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

Town of Great Barrington
334 Main Street
Great Barrington, MA 01230

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF COMPLETION

This certifies that

Joshua T Irwin

is awarded this certificate for

TIPS On-Premise Alcohol Server Training



Hours
3.00



Completion Date
11/18/2023



Expiration Date
11/17/2026



Certificate #
ON-000029926380

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 11/18/2023
Certificate #: ON-000029926380

Joshua T Irwin
231 Hartsville New Marlboro Rd
Great Barrington MA 01230

CERTIFIED

Expires: 11/17/2026



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____

NOV 20 2023

SELECTBOARD &
TOWN MANAGER'S OFFICE

TOWN OF GREAT BARRINGTON
Temporary Weekday Entertainment License Application
\$25.00 per day

The undersigned hereby applies for a license in accordance with the provisions of MA General Laws, Ch.140 Sec.183A amended, Ch.351, Sec.85 of Acts of 1981 and Ch.140 Sec.181.

Name: Juanita O'Rourke and Tom Hankey

Business/Organization: Cove Bowling and Entertainment Inc

D/B/A (if applicable): _____

Address: 109 Stockbridge Road

Mailing Address: 109 Stockbridge Rd Gt Barr 01230

Phone Number: 518 322 5866 / 413 854 1665 or 413 528 1220

Email: juanita@covelanes.com

TYPE: (Check all that apply) ☐ Concert ☐ Dance ☐ Exhibition ☐ Cabaret ☐ DJ

☒ Live band with up to 6 pieces, including singers ☐ Public Show

☐ Other (please explain) 6 piece band plus sound guy

INCLUDES: ☒ Live music ☐ Recorded music ☐ Dancing by entertainers/ performers

☒ Dancing by patrons ☒ Amplification system ☐ Theatrical exhibition

☐ Floorshow ☐ Play ☐ Moving picture show ☐ Light show ☐ Jukebox

☐ Other (please explain) _____

As part of the entertainment, will any person be permitted to appear on the premises in any manner or attire as to expose to public view any portion of the pubic area, anus, or genitals, or any simulation thereof, or whether any person will be permitted to appear on the premises in any manner or attire as to expose to public view a portion of the breast below the top of the areola, or any simulation thereof? (M.G.L. Chp.140 Sec.183A)

____ YES

X NO

Please circle: INDOOR or OUTDOOR Entertainment

Exact Location of Entertainment (include sketch): NOATH END - OPEN CONCOURSE

Date(s) of Entertainment*: December 22, 2023 - FUND RAISER HOLIDAY PARTY FOR CONSTRUCT
*Does not include SUNDAY

Start & End Times of Entertainment: 6:00 pm - 9:00 pm

Does your event involve any of the following? (Check all that apply)

- ☒ Food ☐ Temporary Bathrooms ☐ Tents ☐ Stages ☐ Temporary Signs
☐ Electrical Permits ☐ Building Permits ☐ Police Traffic Details ☐ Street Closures

ALL entertainment licenses will be reviewed by the Design Review Team (DRT), which is comprised of several Town departments, for comments/concerns on this application.

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

Janita O'Rourke
Signature of Individual or
Corporate Officer

11/20/2023
Date

TOWN USE ONLY:

DRT Review with Conditions: _____

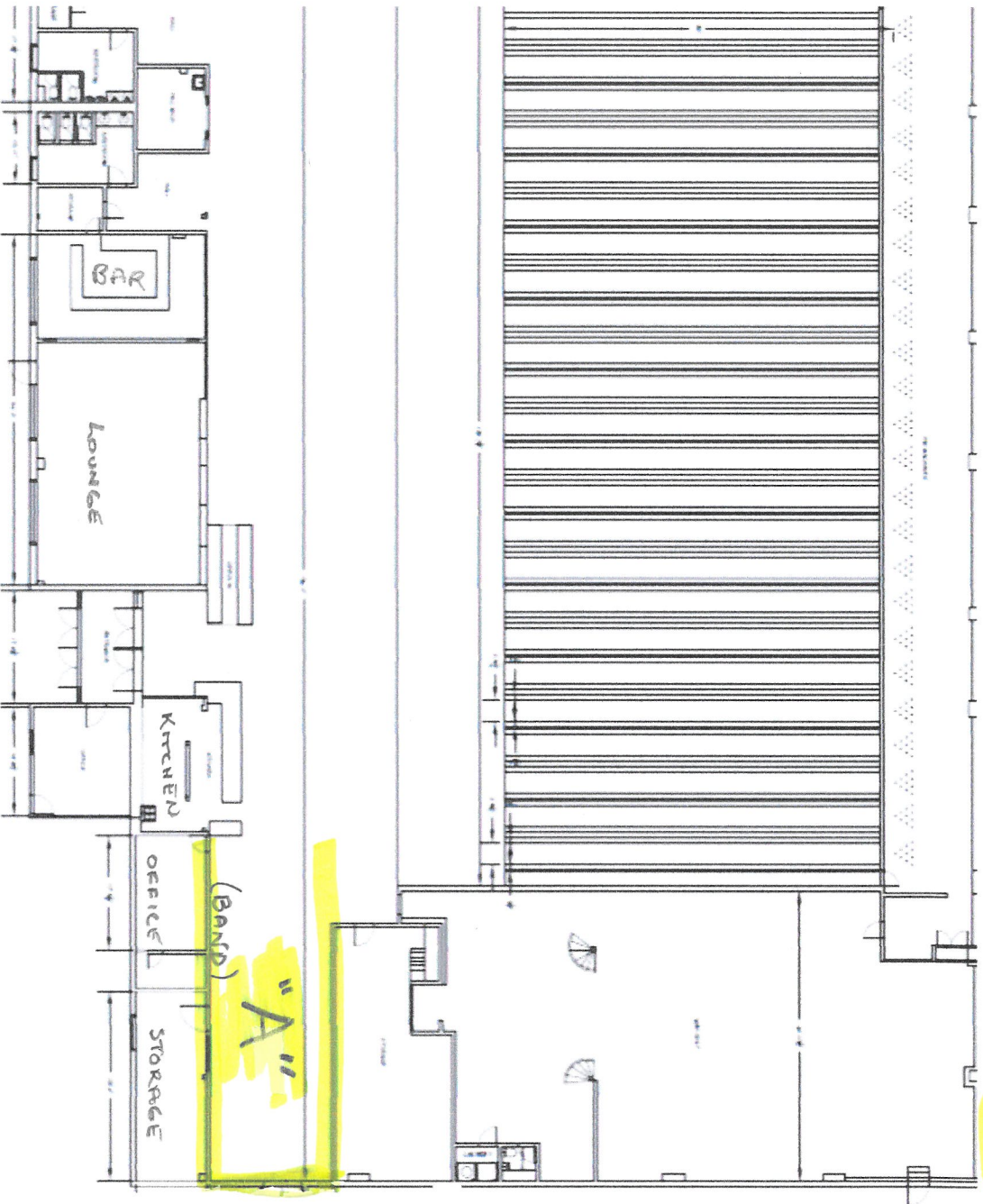
APPROVAL DATE: _____

LICENSE # _____

Cove Floor Plan -

Area for
Special Permit

"A"





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

RECEIVED
 TOWN OF GREAT BARRINGTON

NOV 16 2023

SELECTBOARD &
 TOWN MANAGER'S OFFICE

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

APPLICATION FOR A NEW LICENSE

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL
 LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE
 PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME Price Chopper Operating Co. of Massachusetts, Inc.

ADDRESS 300 Stockbridge Road

CITY/TOWN Great Barrington

STATE MA

ZIP CODE 01230

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS
 APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL:

Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3
 Chelsea, MA 02150-2358



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

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES

Off-Premises-15

TYPE

§15 Package Store

CATEGORY

Wines and Malt Beverages

CLASS

Annual

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.

This is a reapplication for a New Section 15 Annual Wines and Malt Liquor License to be exercised at 300 Stockbridge Road, Great Barrington, MA.

Is this license application pursuant to special legislation?



Yes



No

Chapter

Acts of

2. BUSINESS ENTITY INFORMATION

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

Entity Name

FEIN

DBA

Manager of Record

Street Address

Phone

Email

Alternative Phone

Website

3. 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. You must also submit a floor plan.

In whole of said premises, totaling +/- 46,373 sq ft with two (2) entrances and two (2) exits, main sales floor and mezzanine, and storage in the rear.

Total Square Footage:

Number of Entrances:

Seating Capacity:

Number of Floors

Number of Exits:

Occupancy Number:

4. APPLICATION CONTACT

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

Name:

Phone:

Title:

Email:

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure

Corporation

Date of Incorporation

09/21/1959

State of Incorporation

Massachusetts

Is the Corporation publicly traded? ☐ Yes ☒ No

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, 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

The Golub Corporation

Residential Address

SSN

DOB

Title and or Position

owner

Name of Principal

Blaine R. Bringhurst

Title and or Position

President

Name of Principal

Jody J. Plonski

Title and or Position

Vice President

Name of Principal

Carol L. Cillis

Title and or Position

Treasurer

Name of Principal

Carrie A. Terraferma

Title and or Position

Secretary

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

APPLICATION FOR A NEW LICENSE

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
Please see Additional Information Page			

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	Municipality
Price Chopper #07	Off-Premise	All Alcohol	Lee
Price Chopper #149	Off-Premise	All Alcohol	Shrewsbury

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

7. 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

Lease

Landlord Name Great Barrington Real Estate LLC c/o Paragon

Landlord Phone 203-221-7077

Landlord Email info@paragonct.com

Landlord Address 276 Post Road West, Suite 201, Westport, CT 06880

Lease Beginning Date 07/07/2021

Rent per Month \$44,916.67

Lease Ending Date 06/30/2026

Rent per Year \$539,000.04

Will the Landlord receive revenue based on percentage of alcohol sales?

☒ Yes ☐ No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	
B. Purchase Price for Business Assets	
C. Other * (Please specify below)	\$200,000
D. Total Cost	\$200,000.00

*Other Cost(s): (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
The Golub Corporation	\$200,000.00
Total	200,000

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.
			<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.

The Golub Corporation will contribute 100% of the funding from internal cash flow. Please see Additional Information page for Question 8C breakdown of costs.

9. 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?

10. 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

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
03/10/1983	present	Store Manager (various)	The Golub Corporation	James Carlson, Jr., ZD

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

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

11. MANAGEMENT AGREEMENT

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

☐ Yes ☒ No

If yes, please fill out section 11.

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.*

11A. 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 type="text"/>	<input type="text"/>	<input type="text"/>		
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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?

☐ Yes ☐ No

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

11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

LICENSE

Does any individual or entity identified in question 11A, 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

11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, 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

11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, 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

11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D 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

11F. 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

Signature:

Title:

Date:

Management Agreement Entity Officer/LLC Manager

Signature:

Title:

Date:

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

APPLICANT'S STATEMENT

I, Carrie A. Terraferma the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager
Authorized Signatory

of Price Chopper Operating Co. of Massachusetts
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:

11/1/2023

Title:

Corporate Secretary

CORPORATE VOTE

The Board of Directors or LLC Managers of

Price Chopper Operating Co. of Massachusetts, Inc.

Entity Name

duly voted to apply to the Commonwealth of Massachusetts Alcoholic Beverages Control

Commission on

February 10, 2022

Date of Meeting

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> Change of DBA |

"VOTED: To authorize

Carrie A. Terraferma

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint

James Michael Collins

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,

Corporate Officer / LLC Manager Signature

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

Question 6A: Interest in An Alcoholic Beverages License

Name	License Type	License Name	Municipality
- Market 32 by Price Chopper	Off-Premises	Wines & Malt	Marlborough
- Price Chopper #239	Off-Premises	Wines & Malt	Gardner
- Price Chopper #229	Off-Premises	All Alcohol	Shrewsbury
- Price Chopper #233	Off-Premises	All Alcohol	Lenox
- Market 32 by Price Chopper #244	Off-Premises	All Alcohol	Sutton
- Market 32 by Price Chopper	Off-Premises	All Alcohol	Pittsfield
- Price Chopper #240	Off-Premises	Wines & Malt	Webster
- Market 32 by Price Chopper	Off-Premises	All Alcohol	Worcester

Question 8: Financial Disclosure, C. Other

\$200,000.00 in costs consists of inventory and renovations.

ADDENDUM A

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

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, LLP Partners, Trustees etc.).

Entity Name

Price Chopper Operating Co. of Massac

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

N/A

Name of Principal

Stephen Speelman

Residential Address

SSN

DOB

Title and or Position

Director

Name of Principal

James Carlson, Jr.

Title and or Position

Director

Name of Principal

Mark Gross

Title and or Position

Director

Name of Principal

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ 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

ADDENDUM A

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

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, LLP Partners, Trustees etc.).

Entity Name

The Golub Corporation

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

100

Name of Principal

Project P Holdings, LLC

Residential Address

461 Nott St. Schenectady, NY 12308

SSN

DOB

Title and or Position

owner

Percentage of Ownership

100

Director/ LLC Manager US Citizen

☐ Yes ☐ No

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

☐ Yes ☐ No

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

☐ Yes ☐ No

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

☐ Yes ☐ No

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

☐ Yes ☐ No

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

☐ Yes ☐ No

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

☐ Yes ☐ No

☐ Yes ☐ No

MA Resident

☐ Yes ☐ 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

ADDENDUM A

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

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, LLP Partners, Trustees etc.).

Entity Name

Project P Holdings, LLC

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

100

Name of Principal

Residential Address

SSN

DOB

Project P Intermediate 2, L

461 Nott St. Schenectady, NY 12308

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

owner

100

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

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

ADDENDUM A

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

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, LLP Partners, Trustees etc.).

Entity Name

Project P Intermediate 2, LLC

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

100

Name of Principal

Residential Address

SSN

DOB

Project P Intermediate 1, LLC

461 Nott St. Schenectady, NY 12308

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

owner

100

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

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

ADDENDUM A

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

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, LLP Partners, Trustees etc.).

Entity Name

Project P Intermediate 1, LLC

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

100

Name of Principal	Residential Address	SSN	DOB
Northeast Grocery, Inc.	461 Nott St. Schenectady, NY 12308		
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
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No
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
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No
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
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No
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
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No
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
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No
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
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No
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
			MA Resident
			<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

ADDENDUM A

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

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, LLP Partners, Trustees etc.).

Entity Name

Northeast Grocery, Inc.

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

Name of Principal

Francis Curci

Residential Address

SSN

DOB

Title and or Position

President, CEO & Director

Name of Principal

David Langless

Title and or Position

Treasurer & CFO

Name of Principal

Jerel Golub

Title and or Position

Co-Chair & Director

Name of Principal

Mark Gross

Title and or Position

Co-Chair & Director

Name of Principal

Robert Schwartz

Title and or Position

Director

Name of Principal

Frank Vitrano

Title and or Position

Director

Name of Principal

Michael Duckworth

Title and or Position

Director

Is an

Yes ☐ No ☐

Is a resident

☐ Yes ☒ 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

ADDENDUM A

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

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, LLP Partners, Trustees etc.).

Entity Name

Northeast Grocery, Inc.

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

Name of Principal

Suzanne Monford

Title and or Position

Director

Name of Principal

Carrie A. Terraferma

Title and or Position

Secretary

Name of Principal

Title and or Position

Name of Principal

Title and or Position

Name of Principal

Title and or Position

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

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

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

RECEIVED
 TOWN OF GREAT BARRINGTON

NOV 9 2023

SELECTBOARD &
 TOWN MANAGER'S OFFICE

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

APPLICATION FOR A TRANSFER OF LICENSE

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL
 LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: **ABCC PAYMENT WEBSITE**

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE
 PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) 90054-PK-0464

ENTITY/ LICENSEE NAME Depart Wine MA Retail LLC

ADDRESS 28 Railroad Street

CITY/TOWN Great Barrington STATE MA ZIP CODE 01230

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input checked="" type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS
 APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3
 Chelsea, MA 02150-2358

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

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Transfer of License | <input type="checkbox"/> Pledge of Inventory | <input type="checkbox"/> Change of Class |
| <input type="checkbox"/> Alteration of Premises | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change of Category |
| <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Change of License Type
(\$12 ONLY, e.g. "club" to "restaurant") |
| <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Other <input type="text"/> | |

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.

Transfer of ownership of license, lease, furniture, fixtures, and equipment from Depart Wine MA Retail LLC to MOD Inc. dba Dare Bottleshop & Provisions.

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
Off-Premises-15	\$15 Package Store	Wines and Malt Beverages	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.

The premises to be transferred is 1,284 sq. ft consisting of a main floor, loft and basement. The main floor is accessed by 2 exits. Main floor is an open area with one employee restroom. No outdoor areas to be included in licensed area.

Total Sq. Footage	<input type="text" value="1,284"/>	Seating Capacity	<input type="text" value="none"/>	Occupancy Number	<input type="text" value="12"/>
Number of Entrances	<input type="text" value="2"/>	Number of Exits	<input type="text" value="2"/>	Number of Floors	<input type="text" value="2"/>

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name By what means is the license being transferred?

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
<input type="text" value="David Bruno"/>	<input type="text" value="Principal"/>	<input type="text" value="100"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text" value="Mary Daire"/>			
Title and or Position			
<input type="text" value="President, Treasurer, Secretary"/>			
<input type="text"/>			
<input type="text" value="Benjamin Daire"/>			
Title and or Position			
<input type="text" value="Vice President"/>			
<input type="text"/>			
Title and or Position			
<input type="text"/>			
<input type="text"/>			
Title and or Position			
<input type="text"/>			
Percentage of Ownership			
<input type="text"/>			
Director/ LLC Manager US Citizen			
<input type="radio"/> Yes <input type="radio"/> No			
MA Resident			
<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: 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/ LLC Manager	US Citizen
<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	<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/ LLC Manager	US Citizen
<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	<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/ LLC Manager	US Citizen
<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	<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
MOD Inc. / Dare Wine Beer and Provisions	OFF-PREMISES	PACKAGE STORE	LENOX

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	

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

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	
B. Purchase Price for Business Assets	40,000
C. Other* (Please specify)	
D. Total Cost	40,000

*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
MOD Inc. Operating Cash	30,000
Seller Financing from David Bruno	10,000
Total:	40,000

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.
David Bruno	10,000	Seller Financing	<input checked="" 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.

MOD Inc. business account - \$30,000
Seller Financing from David Bruno pursuant to Asset Purchase Agreement - \$10,000

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?

12. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name Mary Daire Date of Birth _____

Residential Address _____

Email _____ Phone _____

Please indicate how many _____ nises _____

B. CITIZENSHIP/BACKGROUND

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

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
08/01/2019	current*	French Teacher	Pittsfield Public Schools	Maggie Harrington-Esko
08/01/2017	08/01/2019	French Teacher	Berkshire Country Day School	Leigh Doherty
02/01/2014	03/01/2017	Sales Representative	Ruby Wines	Dawn Kessell
09/26/2011	02/01/2014	Sales Representative	Baystate Wine and Spirits	Sean Frazier

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

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 Mary Daire

Date 11/7/2023

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 type="text"/>	<input type="text"/>	<input type="text"/>		
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input 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?

☐ Yes ☐ No

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

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

Signature:

Title:

Date:

Management Agreement Entity Officer/LLC Manager

Signature:

Title:

Date:

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

Mary Daire will be the manager of the Section 15 Annual Wines and Malt Beverages Package Store License. Mary has worked in the wine business both in France and the United States, specializing in sales and marketing for wineries in France, and wine imports in Massachusetts. Mary's areas of expertise are customer relations, business management including financial oversight, product promotion, and marketing and sales of wine, beer, and spirits. Mary has a Masters in Business Management from the IAE Aix-en-Provence.

Benjamin has nearly 30 years of culinary and hospitality experience working in restaurants in France, Norway, California and Massachusetts. His educational experience includes a Culinary Arts diploma from a culinary school in France. He has performed every position in a professional kitchen, with ten years experience as the Executive Chef of Alta Restaurant & Wine Bar in Lenox, MA. Benjamin's areas of expertise are customer service, team management, ordering, scheduling, food and beverage development and presentation. His experience and proven success in high-volume restaurant kitchens is a major asset. Benjamin has had his finger on the pulse of the culinary and drink trends in Berkshire County since 2006, when he first started working in the hospitality industry in Berkshire County at Spigalina Restaurant.

The transferee operates a wine store in Lenox under the name Dare Bottleshop & Provisions. This license is for a second location that will operate using the same concept.

Rental amounts:

*January 1, 2024 - March 31, 2024 - \$3,713 per month

April 1, 2024 - March 31, 2025 - \$3,825 per month

April 1, 2025 - March 31, 2026 - \$3,940 per month

** Year 1 - \$11,139

Year 2 - \$45,900

Year 3 - \$47,280

APPLICANT'S STATEMENT

I, Mary Daire the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager
Authorized Signatory
of MOD Inc.
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: M Daire

Date: 11/7/2023

Title: President

CORPORATE VOTE

The Board of Directors or LLC Managers of

MOD Inc.

Entity Name

duly voted to apply to the Licensing Authority of

Great Barrington

City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

01/06/2023

Date of Meeting

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input checked="" type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other <input type="text"/> | | <input type="checkbox"/> Change of DBA |

"VOTED: To authorize

Mary Daire, President

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

“VOTED: To appoint

Mary Daire

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts.”

A true copy attest,

For Corporations ONLY

A true copy attest,

MS2

Corporate Officer /LLC Manager Signature

Mary Daire

(Print Name)

1120

Corporation Clerk's Signature

Mary Daire

(Print Name)

ADDENDUM A

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

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, LLP Partners, Trustees etc.).

Entity Name

MOD Inc.

Percentage of Ownership in Entity being Licensed

(Write "NA" if this is the entity being licensed)

NA

Name of Principal

Mary Daire

Residential Address

SSN

DOB

Title and or Position

President

Name of Principal

Benjamin Daire

Title and or Position

Vice President

Name of Principal

Residential Address

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ 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

RELEASE DEED

The **Town of Great Barrington**, acting by and through its Selectboard pursuant to the vote under Article 37 of the warrant for the 2023 Annual Town Meeting held on May 1, 2023, for consideration paid and in full consideration of Ten Thousand and no/100 Dollars (\$10,000.00), grants to:

Chelsea 434B, LLC, a Massachusetts domestic limited liability company with a business address of 1099 Main Street, Great Barrington, MA 02136, all of its right, title and interest in and to a certain parcel of land situated in the Town of Great Barrington, Berkshire County, Massachusetts, containing 6,343 square feet of land and shown as Parcel A on a plan of land entitled “Plan Of Land Prepared For Town Of Great Barrington Old Route 7 Road Great Barrington Massachusetts” dated May 24, 2023, by Foresight Land Services, Inc., Pittsfield, MA 01201, Scale: 1” = 30’, and recorded with the Berkshire Southern District Registry of Deeds in Plat File Q-73.

Said parcel of land is conveyed subject to and with the benefit of easements and restrictions of record, if any, insofar as the same may now be in force and applicable.

Said parcel of land was included in a taking of a layout for a State Highway known as Stockbridge Road (Route 7) made by the Massachusetts Highway Commission under date of August 19, 1919, which layout was altered by the Massachusetts Department of Public Works on February 17, 1953, as shown on plans filed in the said office of the Department of Public Works, copies of which plans were filed in the office of the County Commissioners of Berkshire County, Southern District, and in the office of the Town Clerk of the Town of Great Barrington, a portion of which, including the parcel of land described herein, was discontinued by the said Department of Public Works by instrument dated October 15, 1957 and titled “Layout No. 4619” (the “Discontinuance”), and reverted pursuant to the terms of said Discontinuance to the control of the Town of Great Barrington under the provisions of M.G.L. Chapter 81, Section 12, and to which Discontinuance reference may be made for Grantor’s title.

The within conveyance was specifically authorized by an affirmative vote under Article 37 of the warrant for the 2023 Annual Town Meeting of Great Barrington held on May 1, 2023, a certification of which is set forth in Exhibit A attached hereto.

See also Affidavit Under M.G.L. c. 183, §5B, recorded with the Registry herewith.

Executed as a sealed instrument this ____ day of December, 2023.

Stephen Bannon

Leigh S. Davis

Eric Gabriel

Garfield Reed

Benjamin Elliott

COMMONWEALTH OF MASSACHUSETTS

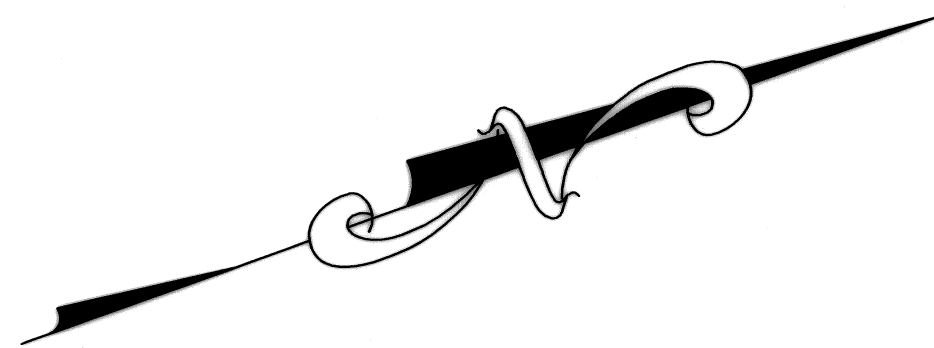
Berkshire, ss.

On this ____ day of _____, 2023, before me, the undersigned notary public, personally appeared _____, members of the Great Barrington Selectboard, who proved to me through satisfactory evidence of identification, which was _____, to be the persons whose names are signed on the preceding or attached document, and acknowledged to me that they signed it voluntarily as their free act and deed for its stated purpose on behalf of the Town of Great Barrington.

[Affix Notarial Seal]

NOTARY PUBLIC

Printed Name: _____
My Commission Expires: _____



APPROVAL NOT REQUIRED UNDER
SUBDIVISION CONTROL LAW

Michelle Laramée-Jenny
Register of Deeds

GREAT BARRINGTON PLANNING BOARD

DATE 11/9/23

Planning Board Endorsement
Does not imply That The Lots
or Parcels Shown Hereon Are
Building Lots, Nor That They
Comply With Zoning Bylaws,
Wetlands Regulations, Title 5,
or Other Local, State or
Federal Regulations.

Southern Berkshire Registry of Deeds
Plat File **Q-73**
Michelle Laramée-Jenny
Register of Deeds

I CERTIFY THAT THIS PLAN HAS BEEN
PREPARED IN ACCORDANCE WITH THE
RULES AND REGULATIONS OF THE
REGISTERS OF DEEDS.

Frederick J. Haley

DATE: November 9, 2023



LEGEND

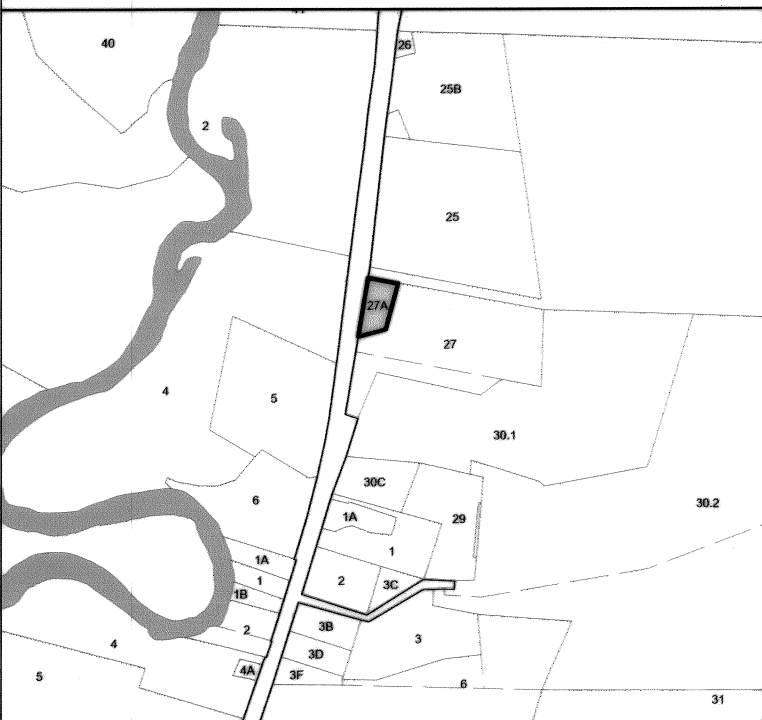
- BOUND FOUND
- BOLLARD
- GATE POST
- FENCE POST
- IRON PIPE FOUND
- MAILBOX
- SEWER MANHOLE
- SIGN
- WELL
- UTILITY POLE
- UTILITY POLE ANCHOR
- CONIFEROUS TREE
- DECIDUOUS TREE
- APPROXIMATE PROPERTY LINE
- EDGE OF ASPHALT
- EDGE OF GRAVEL
- EDGE OF WATER
- FENCE
- RIGHT OF WAY
- APPROXIMATE PROPERTY LINE
- ABUTTING PROPERTY LINE
- PROPERTY LINE

RECORD OWNER
TOWN OF GREAT BARRINGTON
DISCONTINUANCE BY COUNTY GOVERNMENT
COUNTY COMMISSIONERS BOOK 22 PAGE 475
RECORDED IN BOOK 326 PAGE 150

PLAN OF LAND
Prepared For
TOWN OF GREAT BARRINGTON
OLD ROUTE 7 ROAD
GREAT BARRINGTON MASSACHUSETTS

FORESIGHT
LAND SERVICES
ENGINEERING
SURVEYING
PLANNING
FORESIGHT LAND SERVICES, INC.
1496 WEST HOUSTON STREET - PITTSFIELD, MA 01201
TEL: (413) 499-1950 FAX: (413) 499-3307 WWW.FORESIGHTLAND.COM
SCALE: 1" = 30'
DATE: November 1, 2023
JOB NO. E2643
DWN. BY: HMB
CHK. BY:
DWG. NO. E2643W04-ANR
Layout Tab: W04-ANR

LOCUS MAP



GENERAL NOTES

- This plan showing land is intended solely to represent the As-built location of the multi-use path within the existing boundaries of the alteration layout No. 4045 of "Old Route 7" and the subject properties.
- Unless otherwise noted hereon, this survey plan shall not be construed as depicting the presence, absence, or limits of any or all regulated wetlands or floodplains. Any surface water features shown, such as streams or ponds, are not represented as indicating limits of wetland resource areas.
- No other permits, approvals, uses, site conditions or suitability are expressed or implied hereby, either directly or by omission.
- All parcels are subject to and with the benefit of all rights, restrictions, conditions, easements, leases, encumbrances and appurtenances of record.
- Endorsement does not imply compliance with Wetlands Protection Act or zoning.
- This survey was prepared without the benefit of an attorney's abstract of title and/or title report and is subject to any statement of facts such abstract or report would have revealed. This property was surveyed by the possession lines found at the time the survey was made.
- Horizontal Datum is based upon NAD 1983

