

Mark Pruhenski  
Town Manager

E-mail: [mpruhenski@townofgb.org](mailto:mpruhenski@townofgb.org)  
[www.townofgb.org](http://www.townofgb.org)



Town Hall, 334 Main Street  
Great Barrington, MA 01230

Telephone: (413) 528-1619 x2  
Fax: (413) 528-2290

## TOWN OF GREAT BARRINGTON MASSACHUSETTS

### OFFICE OF THE TOWN MANAGER

#### Selectboard Regular Meeting

Order of Agenda for Monday, April 12, 2021, at 6:00 PM, Via Zoom

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/88217582768?pwd=Zm9zMGFSb1JzUnlpOEIkRk1FMnJrZz09WebinarID:88217582768> Passcode: 263120 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 the Governor's March 15, 2020 Order imposing strict limitation on the number of people that may gather in one place, this meeting of the Great Barrington Selectboard will be conducted 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](http://www.townofgb.org). For this meeting, members of the public who wish to listen to the meeting may do so by following the instructions at the top of the agenda. No in-person attendance of members of the public will be permitted, but every effort will be made to ensure that the public can adequately access the proceedings in real time, via technological means. In the event that we are unable to do so, despite best efforts, we will post on the town's website an audio or video recording, transcript, or other comprehensive record of proceedings as soon as possible after the meeting.

\*\*\*\*\*ALL VOTES ARE ROLL CALL\*\*\*\*\*

1. CALL TO ORDER SELECTBOARD REGUALR MEETING
2. APPROVAL OF MINUTES
  - a. December 7, 2020
  - b. December 21, 2020
  - c. January 11, 2021
3. SELECTBOARD'S ANNOUNCEMENTS/STATEMENTS
4. TOWN MANAGER'S REPORT
  - a. Housatonic Water Works
  - b. Cultural Competency Training
  - c. St. James Place–Bus shelter/bench
  - d. New Principal Assessor
  - e. Transportation Program
  - f. Fairgrounds
  - g. Winter Parking Ban
5. LICENSES AND PERMITS
  - a. Mark Amstead for a Driveway Permit at 131 Lake Buel Road
  - b. Thomas Flynn for a Driveway Permit at 7 Forrest Street

6. PUBLIC HEARINGS

- a. Big Y-Change of Beneficial interest in the All Alcoholic Liquor Licenses at 700 Main Street
- b. DepartWine MA Retail LLC for a new Wine and Malt Package Store License at 28 Railroad Street
- c. The Coffee Bar LLC for a new All Alcoholic Restaurant License at 34 Railroad Street

7. NEW BUSINESS

- a. CONVENE AS SEWER COMMISSIONERS–FY22 Sewer Rate/Presentation by DPC Engineering (Discussion/Vote)
- b. Division Street Bridge Updates–Tighe & Bond
- c. Chief Storti- Vision for Future of GBPD
- d. Trust Policy and Police Oversight Committee Charter- Discussion/Vote
- e. Cultural Council Appointment
- f. Southern Berkshire Ambulance- Appointment of town representative
- g. Town Manager Annual Performance Evaluation

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. CONVENE INTO EXECUTIVE SESSION

- a. Motion and vote to meet in executive session pursuant to M.G.L. c. 30A, § 21(a)(7) to review and approve executive session minutes in compliance with G.L. c. 30A, § 22
- b. SELECTBOARD CHAIR’S DECLARATION
  - i. I declare, under M.G.L. c. 30A, § 21(a)(7) to review and approve executive session minutes in compliance with G.L. c. 30A
- c. MOTION CONVENING THE EXECUTIVE SESSION
  - i. I move that the Selectboard go into executive session under M.G.L. c. 30A, § 21(a)(7) to review and approve executive session minutes in compliance with G.L. c. 30A

12. ADJOURNMENT

NEXT SELECTBOARD MEETING

- Regular Meeting April 26, 2021
- Reorganization Meeting May 12, 2021
- Regular Meeting May 17, 2021
- 1<sup>st</sup> night of the Annual Town Meeting June 7, 2021
- 2<sup>nd</sup> night of the Annual Town Meeting June 10, 2021



---

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.*

Selectboard

Fee \$50.00

Application for Access to a Public Way / Driveway Permit

Number

Paid ✓

**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 3/16/2021

Name of Applicant / Property Owner MARK D. Amstead / Matthew Amstead

Mailing address P.O. Box 295 Monterey, Ma 01245

Phone number MARK 413-528-5873 /

Location of proposed driveway / highway entrance 131 Lake level Road

Contractor who will perform the work MD Amstead / Tryon Construction

Address & phone number of contractor #399 main rd, Monterey Ma

Proposed construction date Soon as permitted to get well truck in

Type 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: M. D. Amstead

**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 \_\_\_\_\_

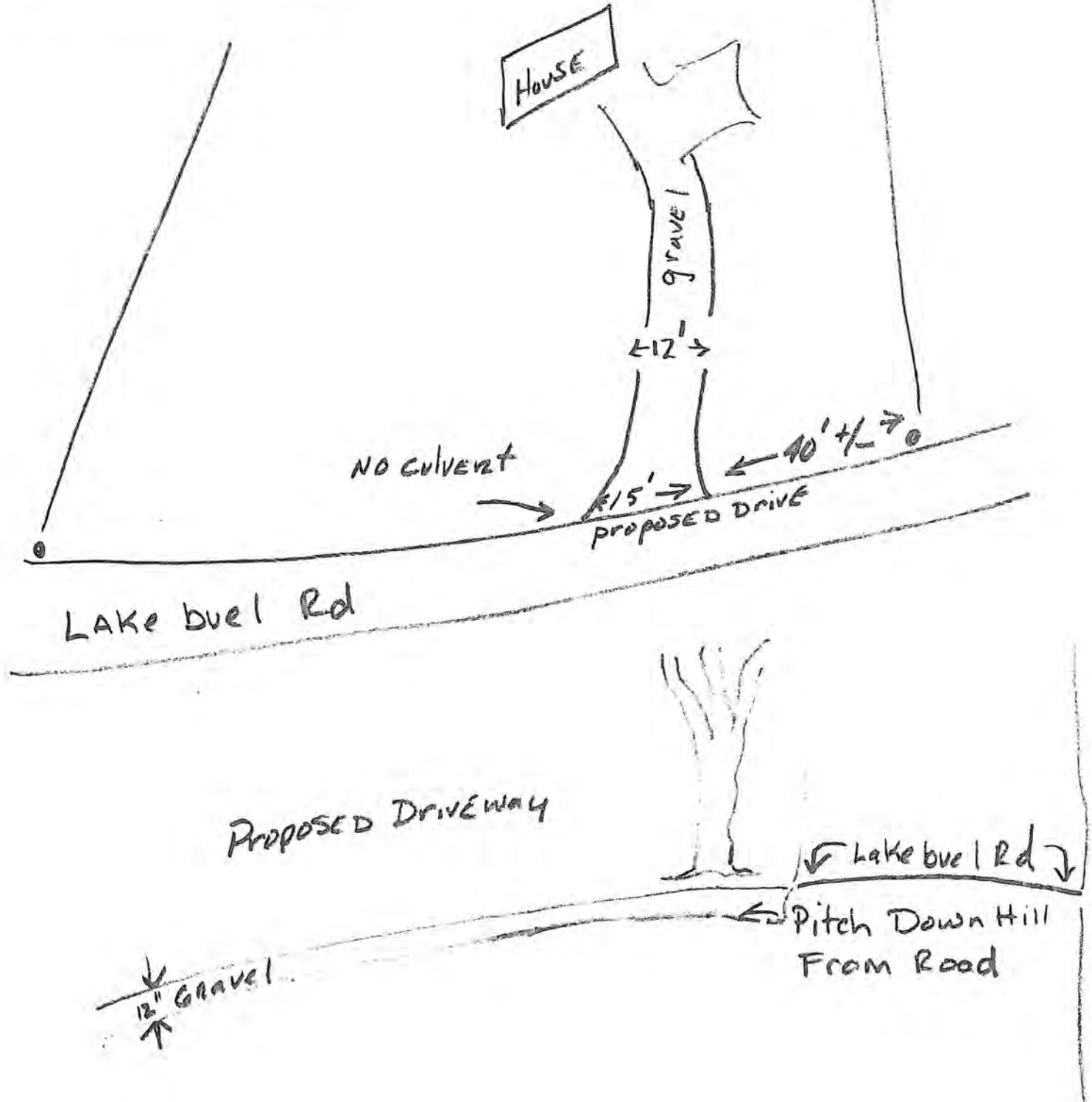
(signature) (title) (date)





MATTHEW Amstead  
#131 Lake buel Rd | 3/16/2021

Lot



John Malumphy  
Highway-Facilities Superintendent

E-mail: [jmalumphy@townofgb.org](mailto:jmalumphy@townofgb.org)  
[www.townofgb.org](http://www.townofgb.org)



20 East Street  
Great Barrington, MA 01230

Telephone: (413) 528-2500  
Fax: (413) 528-2290

## TOWN OF GREAT BARRINGTON MASSACHUSETTS

Department of Public Works  
Highway Division

### Conditions on Application for Access to Public Way

Applicant: Mark D/Matthew Amstead  
Location: 131 Lake Buel Road  
From: John Malumphy Highway Superintendent/Sean VanDeusen, Public Works  
Director  
Date: March 26 2021

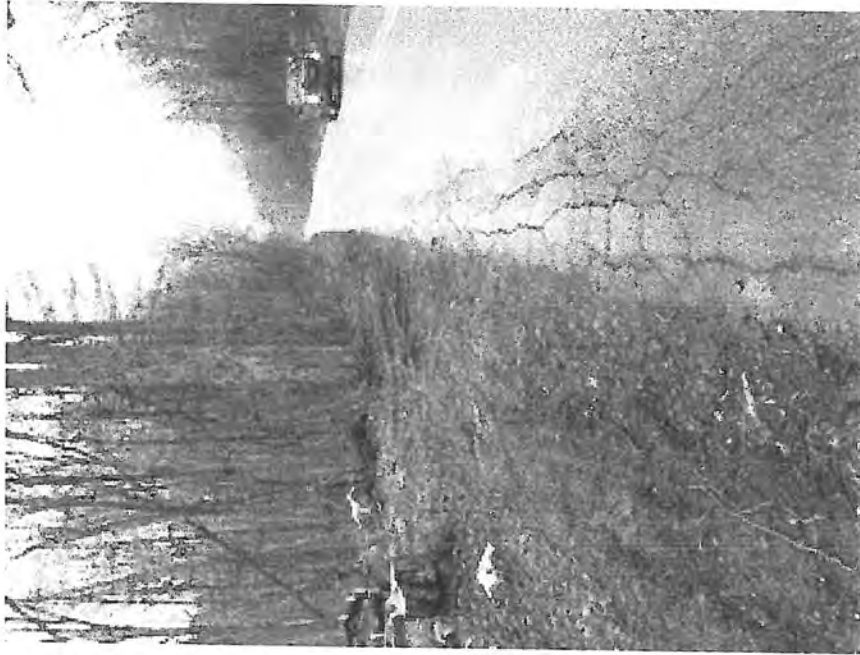
1. The applicant shall construct the proposed access to conform to the following applicable criteria listed under **Section 153-14, Design requirements** of the Town of Great Barrington Code:
  - B. Driveway location as shown on the attached plan is acceptable, with regards to alignments with the way, profile, sight distance conditions and not located at the extreme edge of the property.
  - C. No more than two (2) driveways shall normally be allowed for any property, unless there is a clear necessity for more.
  - D. Driveways shall not normally be approved at intersections, because of potential safety hazards.
  - E. Culverts taking the place of roadside ditches shall have a diameter of not less than 15" (*A culvert is not required at this location*)
  - F. Entrance elevation at the point of entry into the public right-of-way shall be no more than the elevation of the shoulder of the road.
  - G. Driveways should be so constructed that water from the driveway shall not drain onto the crown of the road.
  - H. In no instance shall the edge of the driveway entering onto the road conflict with the flow of surface water runoff.

- I. Driveway width. Any curb at the entrance shall be rounded off with a radius of three (3) feet.
  - J. Pitch of driveway shall be downward from the edge of the road to sideline of the town right-of-way or front property line.
  - K. Driveways should be located to the best advantage with respect to the alignment with the way, profile and sight distance conditions. In no instance shall a driveway intersect the way at less than a sixty degree angle. Unless there is no alternative, a driveway should not be located within a required side yard.
  - L. No permit shall be issued for any driveway to a structure or proposed structure on a grade in excess of ten percent (10%) above the road or street level until and unless the applicant submits plans to the Highway Superintendent showing that the driveway will be constructed in a such a way so as not to discharge water, stones or other materials onto any public street, road or highway.
2. Install a paved driveway apron in accordance with the following requirements:
- A. Apron dimensions: Width = 22-feet maximum along the roadway which includes a 3-foot radius curb on each side. Length = 5-feet minimum from edge of roadway.
  - B. Place 3-inches of bituminous concrete on 12-inches of compacted gravel.
  - C. Place asphalt tack coat along the edge of the road where the apron meets the edge of the existing pavement.

***The applicant agrees to notify the Highway Superintendent (528-2500) at least 48 hours prior to the installation of the paved apron.***

3. Should there be, after completion of the driveway, discharges of water, stones, or silt onto the public way or onto property of any abutters or neighbors, the property owner shall take whatever steps are necessary to eliminate such discharges.
4. The applicant shall maintain the proposed access to conform to the following applicable condition listed under **Section 153-17, Continuing responsibility of owners**, of the Town of Great Barrington Code:

Abutting property owners shall be responsible for keeping culverts under their driveways cleared and for maintaining driveways in condition conforming to the requirements of the permit.





## Jackie Dawson

---

**From:** Chris Rembold  
**Sent:** Friday, March 26, 2021 10:07 AM  
**To:** Jackie Dawson; John Malumphy; Charles Burger; Great Barrington Conservation Commission  
**Subject:** RE: Driveway Permit for 131 Lake Buel Road

Planning Dept. has no concerns for this one. Thank you.



**Christopher Rembold, AICP**

Assistant Town Manager  
Director of Planning and  
Community Development  
413-528-1619 ext. 2401  
crembold@townofgb.org

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



The Secretary of State's office has determined that most e-mails to and from municipal offices and officials are public records. Consequently, confidentiality should not be expected.

**From:** Jackie Dawson <jdawson@Townofgb.org>  
**Sent:** Friday, March 26, 2021 9:36 AM  
**To:** Chris Rembold <crembold@Townofgb.org>; John Malumphy <JMalumphy@Townofgb.org>; Charles Burger <cburger@Townofgb.org>; Great Barrington Conservation Commission <conservation@townofgb.org>  
**Subject:** Driveway Permit for 131 Lake Buel Road

Please see the attached documents for a driveway permit application. Comments are needed by Noon on Wednesday April 7, 2021.

Thank You!

Jackie



**Jackie Dawson**

Administrative Assistant  
413-528-0867  
jdawson@townofgb.org

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



## Jackie Dawson

---

**From:** Charles Burger  
**Sent:** Friday, March 26, 2021 10:33 AM  
**To:** Jackie Dawson; Chris Rembold; John Malumphy; Great Barrington Conservation Commission  
**Subject:** RE: Driveway Permit for 131 Lake Buel Road

No issues for the FD.



**Charles Burger**

Fire Chief  
413-528-0788 ex 4  
[cburger@townofgb.org](mailto:cburger@townofgb.org)

Town of Great Barrington  
Fire Department  
37 State Road  
Great Barrington MA 01230



The Secretary of State's office has determined that most e-mails to and from municipal offices and officials are public records. Consequently, confidentiality should not be expected.

**From:** Jackie Dawson <[jdawson@Townofgb.org](mailto:jdawson@Townofgb.org)>  
**Sent:** Friday, March 26, 2021 9:36 AM  
**To:** Chris Rembold <[crembold@Townofgb.org](mailto:crembold@Townofgb.org)>; John Malumphy <[JMalumphy@Townofgb.org](mailto:JMalumphy@Townofgb.org)>; Charles Burger <[cburger@Townofgb.org](mailto:cburger@Townofgb.org)>; Great Barrington Conservation Commission <[conservation@townofgb.org](mailto:conservation@townofgb.org)>  
**Subject:** Driveway Permit for 131 Lake Buel Road

Please see the attached documents for a driveway permit application. Comments are needed by Noon on Wednesday April 7, 2021.

Thank You!

Jackie



**Jackie Dawson**

Administrative Assistant  
413-528-0867  
[jdawson@townofgb.org](mailto:jdawson@townofgb.org)

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



## Jackie Dawson

---

**From:** Great Barrington Conservation Commission  
**Sent:** Friday, March 26, 2021 3:20 PM  
**To:** Jackie Dawson  
**Subject:** RE: Driveway Permit for 131 Lake Buel Road

Conservation has no issue with this.

-Shep



**Shepley W. Evans**

Conservation Agent  
Animal Control Officer  
Animal Inspector  
413-528-1619 ex 122  
conservation@townofgb.org

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



The Secretary of State's office has determined that most e-mails to and from municipal offices and officials are public records. Consequently, confidentiality should not be expected.

**From:** Jackie Dawson <jdawson@Townofgb.org>  
**Sent:** Friday, March 26, 2021 9:36 AM  
**To:** Chris Rembold <crembold@Townofgb.org>; John Malumphy <JMalumphy@Townofgb.org>; Charles Burger <cburger@Townofgb.org>; Great Barrington Conservation Commission <conservation@townofgb.org>  
**Subject:** Driveway Permit for 131 Lake Buel Road

Please see the attached documents for a driveway permit application. Comments are needed by Noon on Wednesday April 7, 2021.

Thank You!

Jackie





**Jackie Dawson**

Administrative Assistant

413-528-0867

[jdawson@townofgb.org](mailto:jdawson@townofgb.org)

Town of Great Barrington

334 Main Street

Great Barrington MA 01230



The Secretary of State's office has determined that most e-mails to and from municipal offices and officials are public records. Consequently, confidentiality should not be expected.

Selectboard

Fee \$50.00

Application for Access to a Public Way / Driveway Permit

Number Paid ✓

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 3-12-2021
Name of Applicant / Property Owner THOMAS FLYNN
Mailing address PO Box 235, 7 Forrest St Housatonic MA 01236
Phone number 413-274-5152
Location of proposed driveway / highway entrance 7 Forrest St
Contractor who will perform the work Joe Wilkinson Excavating Inc
Address & phone number of contractor 1551 Boardman St, Sheffield, MA, 413 229 7711
Proposed construction date Approx - 4/15/21
Type of driveway (gravel, asphalt, etc.) Gravel, Airport mix

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: [Signature]

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:

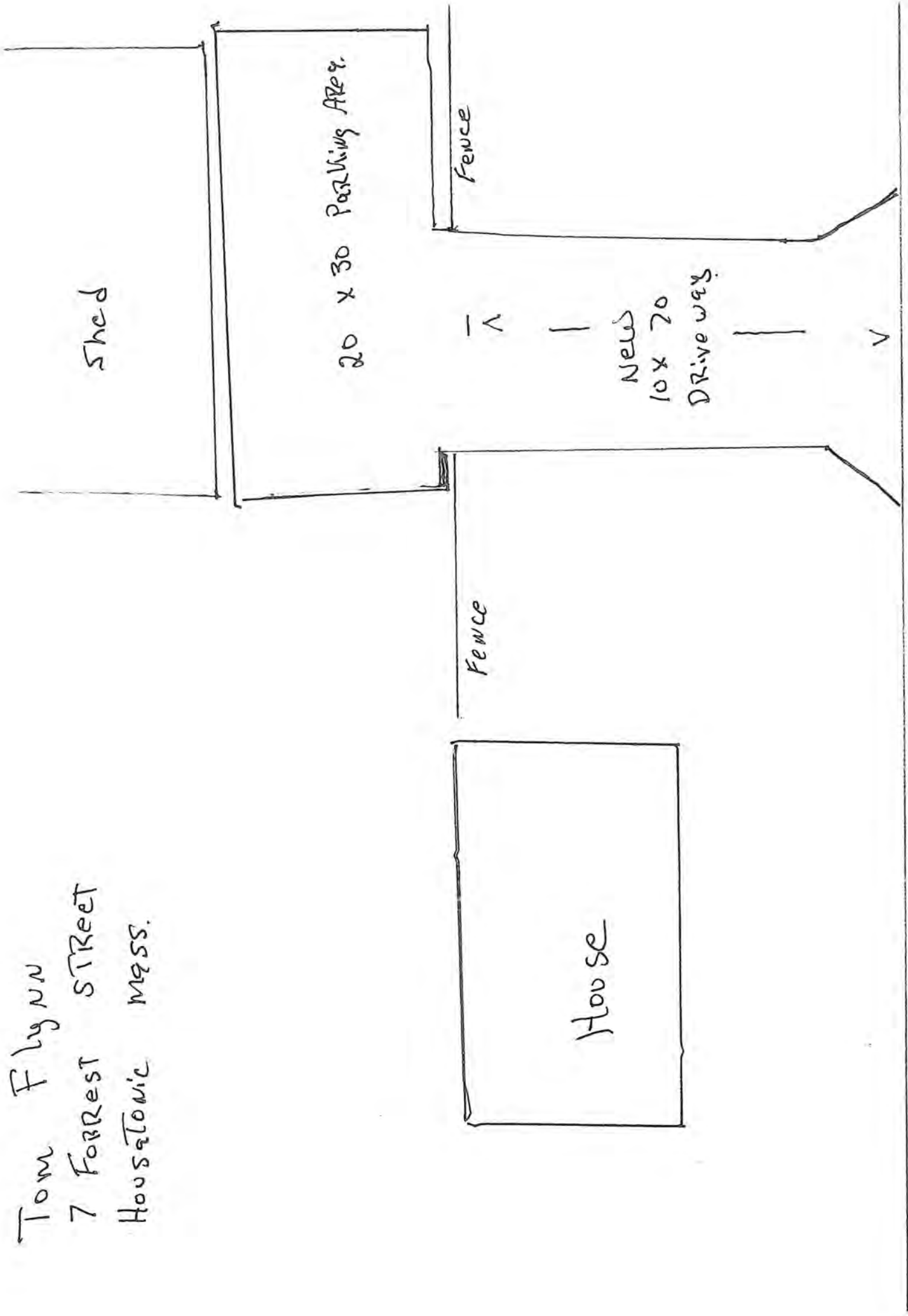
Table with 4 columns: Received, Conditions Recommended, Other Permits Required. Rows include Conservation, Fire Chief, and Planning.

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)

Tom Flynn  
7 Forrest Street  
Housatonic Mass.



7 Forest Street

## Jackie Dawson

---

**From:** Great Barrington Conservation Commission  
**Sent:** Friday, March 26, 2021 3:28 PM  
**To:** Jackie Dawson  
**Subject:** RE: Driveway Permit for 7 Forrest Street

Conservation has no issues with this one.

-Shep



**Shepley W. Evans**

Conservation Agent  
Animal Control Officer  
Animal Inspector  
413-528-1619 ex 122  
conservation@townofgb.org

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



The Secretary of State's office has determined that most e-mails to and from municipal offices and officials are public records. Consequently, confidentiality should not be expected.

**From:** Jackie Dawson <jdawson@Townofgb.org>  
**Sent:** Friday, March 26, 2021 9:31 AM  
**To:** Chris Rembold <crembold@Townofgb.org>; John Malumphy <JMalumphy@Townofgb.org>; Charles Burger <cburger@Townofgb.org>; Great Barrington Conservation Commission <conservation@townofgb.org>  
**Subject:** Driveway Permit for 7 Forrest Street

Please see the attached documents for a driveway permit application. Comments are needed by Noon on Wednesday April 7, 2021.

Thank You!

Jackie



**Jackie Dawson**  
Administrative Assistant  
413-528-0867  
[jdawson@townofgb.org](mailto:jdawson@townofgb.org)

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



The Secretary of State's office has determined that most e-mails to and from municipal offices and officials are public records. Consequently, confidentiality should not be expected.

John Malumphy  
Highway-Facilities Superintendent

E-mail: [jmalumphy@townofgb.org](mailto:jmalumphy@townofgb.org)  
[www.townofgb.org](http://www.townofgb.org)



20 East Street  
Great Barrington, MA 01230

Telephone: (413) 528-2500  
Fax: (413) 528-2290

## TOWN OF GREAT BARRINGTON MASSACHUSETTS

Department of Public Works  
Highway Division

### Conditions on Application for Access to Public Way

Applicant: Thomas Flynn  
Location: 7 Forrest Street  
From: John Malumphy Highway Superintendent/Sean VanDeusen, Public Works  
Director  
Date: October 29, 2020

- I. The applicant shall construct the proposed access to conform to the following applicable criteria listed under **Section 153-14, Design requirements** of the Town of Great Barrington Code:
  - B. Driveway location as shown on the attached plan is acceptable, with regards to alignments with the way, profile, sight distance conditions and not located at the extreme edge of the property.
  - C. No more than two (2) driveways shall normally be allowed for any property, unless there is a clear necessity for more.
  - D. Driveways shall not normally be approved at intersections, because of potential safety hazards.
  - E. Culverts taking the place of roadside ditches shall have a diameter of not less than 15" (*A culvert is not required at this location*)
  - F. Entrance elevation at the point of entry into the public right-of-way shall be no more than the elevation of the shoulder of the road.
  - G. Driveways should be so constructed that water from the driveway shall not drain onto the crown of the road.
  - H. In no instance shall the edge of the driveway entering onto the road conflict with the flow of surface water runoff.

- I. Driveway width. Any curb at the entrance shall be rounded off with a radius of three (3) feet.
  - J. Pitch of driveway shall be downward from the edge of the road to sideline of the town right-of-way or front property line.
  - K. Driveways should be located to the best advantage with respect to the alignment with the way, profile and sight distance conditions. In no instance shall a driveway intersect the way at less than a sixty degree angle. Unless there is no alternative, a driveway should not be located within a required side yard.
  - L. No permit shall be issued for any driveway to a structure or proposed structure on a grade in excess of ten percent (10%) above the road or street level until and unless the applicant submits plans to the Highway Superintendent showing that the driveway will be constructed in a such a way so as not to discharge water, stones or other materials onto any public street, road or highway.
2. Install a paved driveway apron in accordance with the following requirements:
- A. Apron dimensions: Width = 22-feet maximum along the roadway which includes a 3-foot radius curb on each side. Length = 5-feet minimum from edge of roadway.
  - B. Place 3-inches of bituminous concrete on 12-inches of compacted gravel.
  - C. Place asphalt tack coat along the edge of the road where the apron meets the edge of the existing pavement.

***The applicant agrees to notify the Highway Superintendent (528-2500) at least 48 hours prior to the installation of the paved apron.***

3. Should there be, after completion of the driveway, discharges of water, stones, or silt onto the public way or onto property of any abutters or neighbors, the property owner shall take whatever steps are necessary to eliminate such discharges.
4. The applicant shall maintain the proposed access to conform to the following applicable condition listed under **Section 153-17, Continuing responsibility of owners**, of the Town of Great Barrington Code:
- Abutting property owners shall be responsible for keeping culverts under their driveways cleared and for maintaining driveways in condition conforming to the requirements of the permit.









## Jackie Dawson

---

**From:** Chris Rembold  
**Sent:** Friday, March 26, 2021 9:46 AM  
**To:** Jackie Dawson; John Malumphy; Charles Burger; Great Barrington Conservation Commission  
**Subject:** RE: Driveway Permit for 7 Forrest Street

Planning Dept. has no concerns. Thank you.



### Christopher Rembold, AICP

Assistant Town Manager  
Director of Planning and  
Community Development  
413-528-1619 ext. 2401  
[crembold@townofgb.org](mailto:crembold@townofgb.org)

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



The Secretary of State's office has determined that most e-mails to and from municipal offices and officials are public records. Consequently, confidentiality should not be expected.

**From:** Jackie Dawson <[jdawson@Townofgb.org](mailto:jdawson@Townofgb.org)>  
**Sent:** Friday, March 26, 2021 9:31 AM  
**To:** Chris Rembold <[crembold@Townofgb.org](mailto:crembold@Townofgb.org)>; John Malumphy <[JMalumphy@Townofgb.org](mailto:JMalumphy@Townofgb.org)>; Charles Burger <[cburger@Townofgb.org](mailto:cburger@Townofgb.org)>; Great Barrington Conservation Commission <[conservation@townofgb.org](mailto:conservation@townofgb.org)>  
**Subject:** Driveway Permit for 7 Forrest Street

Please see the attached documents for a driveway permit application. Comments are needed by Noon on Wednesday April 7, 2021.

Thank You!

Jackie



### Jackie Dawson

Administrative Assistant  
413-528-0867  
[jdawson@townofgb.org](mailto:jdawson@townofgb.org)

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



## Jackie Dawson

---

**From:** Charles Burger  
**Sent:** Friday, March 26, 2021 10:04 AM  
**To:** Jackie Dawson; Chris Rembold; John Malumphy; Great Barrington Conservation Commission  
**Subject:** RE: Driveway Permit for 7 Forrest Street

No issues for the FD.



**Charles Burger**

Fire Chief

413-528-0788 ex 4  
cburger@townofgb.org

Town of Great Barrington  
Fire Department  
37 State Road  
Great Barrington MA 01230



The Secretary of State's office has determined that most e-mails to and from municipal offices and officials are public records. Consequently, confidentiality should not be expected.

**From:** Jackie Dawson <jdawson@Townofgb.org>  
**Sent:** Friday, March 26, 2021 9:31 AM  
**To:** Chris Rembold <crembold@Townofgb.org>; John Malumphy <JMalumphy@Townofgb.org>; Charles Burger <cburger@Townofgb.org>; Great Barrington Conservation Commission <conservation@townofgb.org>  
**Subject:** Driveway Permit for 7 Forrest Street

Please see the attached documents for a driveway permit application. Comments are needed by Noon on Wednesday, April 7, 2021.

Thank You!

Jackie



**Jackie Dawson**

Administrative Assistant

413-528-0867  
jdawson@townofgb.org

Town of Great Barrington  
334 Main Street  
Great Barrington MA 01230



TOWN OF GREAT BARRINGTON

NOTICE OF PUBLIC HEARING

The Selectboard will hold a public hearing on Monday, April 12, 2021 at 6:00 P.M. via Zoom, to act on the application for Change of Stock Interest/Change of Beneficial Ownership of Big Y Foods, Inc /Table and Vine, Inc., which holds a retail package goods all alcoholic beverage license at 700 Main Street, Great Barrington, MA 01230, Steven Gigliotti, Manager.

Stephen Bannon  
Chair

**Please publish Tuesday March 23, 2021 and Tuesday March 30, 2021**



Big Y Foods, Inc.  
2145 Roosevelt Ave., P.O. Box 7840  
Springfield, MA 01104-7840  
(413) 784-0600

FILE COPY

Michael S. Gold  
Vice President – Legal Affairs  
& Government Relations  
Direct Line: (413) 504-4230

January 21, 2021

**VIA OVERNIGHT MAIL**

Attn: Ralph Sacramone  
Executive Director  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150-2358

RE: Table & Vine, Inc.  
Change of Beneficial Ownership

Dear Ralph:

As you may know, Table & Vine, Inc. ("T&V") holds 9 (nine) §15 Alcoholic Beverages Retail Licenses, as well as a §18 Wholesale License. T&V is a wholly-owned subsidiary of Big Y Foods, Inc. ("Big Y"). In accordance with a family succession plan, each of Donald D'Amour and Charles D'Amour – the 2 shareholders of Big Y – have gifted shares of Big Y to Trusts they have established for the benefit of their adult children. The shares transferred by gift total just over 10% of the Non-voting shares of Big Y.

We are requesting that the ABCC assist us with a 'reverse transaction approval' to change the beneficial interest held in T&V.

Attached please find the following items in accordance with our requested Amendments:

1. Application for Amendment Form [together with attached list of license numbers];
2. DOR Certificate of Good Standing;
3. DUA Certificate of Compliance;
4. CORI Authorizations (existing officers, directors and beneficial holders);
5. Table & Vine Ownership Chart (before and after gifting transactions);
6. Vote Authorizing License Amendments relative to Gifting Transactions;
7. Donald D'Amour Gifting Transaction – 12/30/2020
  - a. Donald D'Amour Big Y Ownership Ledger;
  - b. Donald D'Amour Gifting Trust U/A 12/29/2020:
    - i. Trustees: Michele D'Amour, Caroline Demirs Calio and Theresa Jasmin Niemczura (CORI's attached for Michele & Caroline); and
    - ii. Beneficiaries: Michael D'Amour, Nicole D'Amour-Schneider and Matheiu D'Amour (CORI's attached for Nicole and Mathieu).

January 21, 2021  
Ralph Sacramone, ABCC  
Page 2 of 2

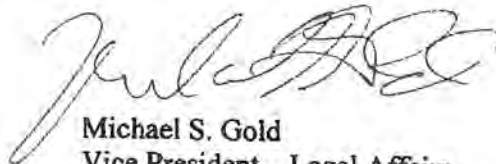
- c. Assignment of Shares of Class B Common Non-Voting Stock of Big Y Foods, Inc.;
- 8. Charles D'Amour Gifting Transaction – 12/30/2020
  - a. Charles D'Amour Big Y Ownership Ledger;
  - b. Charles D'Amour 2020 Family Irrevocable Trust:
    - i. Trustee: Fiduciary Trust Company of New England (LLC Agreement attached);
    - ii. Beneficiaries: Emily D'Amour, Colin D'Amour, Margaret D'Amour and Christian D'Amour (CORI's attached).
  - c. Stock Transfer Agreement (2020 Gift).

We are in the process of preparing Amendment applications to the appropriate parties for each license. I will wait to hear from you before I submit any applications, schedule hearings and place advertisements. (In 3 of the towns, we also will be filing to change the Manager of Record – those amendments are not included herein as I intend to file those amendments in the proper towns together with the Change of Beneficial Interest for which we are requesting 'reverse approval'.)

Should you have any questions, comments or require any further information, please contact me.

Thank you for your time and attention to this matter.

Very truly yours,



Michael S. Gold  
Vice President – Legal Affairs  
& Government Relations

MSG/ras

Enclosures

## Summary of Table & Vine Inc.

### Change of Beneficial Ownership

#### Background

Table & Vine, Inc. holds nine (9) §15 Alcohol Beverages Retail Licenses as well as a §18 Wholesale License.

Table & Vine is a wholly-owned subsidiary of Big Y Foods, Inc., a Massachusetts Corporation. (It is effectively the “liquor division” of Big Y.) Big Y is owned by the D’Amour family; it was founded by two brothers, Paul and Gerry D’Amour. Big Y is currently owned by Paul’s son, Donald D’Amour and Gerry’s son, Charles D’Amour. Donald and Charles each hold 50% of the Voting shares of Big Y, while Donald holds approx 60% and Charles holds approx 40% of the Non-Voting shares of Big Y. Big Y operates 85 locations throughout Massachusetts and Connecticut including 71 supermarkets, Fresh Acres Market, Table & Vine Fine Wines and Liquors and 12 Big Y Express gas and convenience locations with almost 12,000 employees.

Charles is currently President and CEO of Big Y; Donald recently retired and his eldest son, Michael, serves as COO and Executive Vice President of Big Y. Each of Donald and Charles have adult children working in management roles in the business. The family has recently begun a long-term succession planning exercise to perpetuate the family’s ownership among the multiple third generation family members involved in the business. At the end of 2020, Donald and Charles transferred Non-Voting shares of Big Y by gift in accordance with succession and tax planning. Each of Donald and Charles have gifted Non-Voting shares of Big Y to trusts they have established for the benefit of their adult children. The shares transferred by gift total just over 10% of the Non-Voting shares of Big Y. None of the Voting shares in Big Y have been transferred in these transactions. The members of the Board of Directors of Big Y (and Table & Vine) will not change, and the operation of Table & Vine will not be impacted by these transactions.

#### The Gifting Transactions

Donald owned 149,171 (58.38%) of the Non-Voting shares of Big Y. He has gifted 7,272 (2.85%) shares to: Michele D’Amour, Carolyn Demirs Calio and Theresa Jasmin, as Trustees of the D’Amour Gifting Trust dated December 29, 2020. Donald’s three adult children, Michael D’Amour, Nicole D’Amour Schneider and Mathieu D’Amour are the beneficiaries of this Trust.

Charles owned 106,368 (41.62%) of the Non-Voting shares of Big Y. He has gifted 20,000 (7.82%) shares to: Fiduciary Trust Company of New England, as Trustee of the Charles L. D’Amour 2020 Family Irrevocable Trust. Charles’ four adult children, Emily D’Amour, Colin D’Amour, Christian D’Amour and Margaret D’Amour, are the beneficiaries of this Trust.





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

**APPLICATION FOR AMENDMENT**

**-Change of Officers, Stock or Ownership Interest**

**Change of Officers/ Directors/LLC Managers**     **Change of Stock Interest**

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- CORI Authorization
- Vote of the Entity
- Payment Receipt
- Business Structure Documents
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

(e.g. New Stockholders or Transfer or Issuance of Stock)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- CORI Authorization
- Financial Statement
- Vote of the Entity
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
- Payment Receipt
- Business Structure Documents
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

**Change of Ownership Interest**

(e.g. LLC Members, LLP Partners, Trustees etc.)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- CORI Authorization
- Financial Statement
- Vote of the Entity
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
- Payment Receipt
- Business Structure Documents
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

**Non-Profit Club Change of Officers/ Directors**

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the club signed by an approved officer
- Payment Receipt
- Business Structure Documents -**Articles of Organization** from the Secretary of the Commonwealth

**Management Agreement**

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Management Agreement
- Vote of Entity
- Payment Receipt

*\*If abutter notification and advertisement are required for transaction, please see the local licensing authority.*

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Big Y Foods, Inc.	Great Barrington	00034-PK-0464

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Table & Vine, Inc. is a wholly owned subsidiary of Big Y Foods, Inc. The two (2) shareholders of Big Y Foods have each gifted non-voting shares of Big Y Foods to Trusts for the benefit of their adult children. The gifts total approx 10% of the non-voting shares of Big Y Foods, Inc.

**APPLICATION CONTACT**

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Michael S. Gold	VP/Asst Secretary	[REDACTED]	[REDACTED]



## APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

### **2. 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	Residential Address	SSN	DOB
<b>Charles L. D'Amour</b>	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
President, CEO, Treasurer & Director	0	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>Michael P. D'Amour</b>	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Executive Vice President, COO & Director	0	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>Claire M. D'Amour-Daley</b>	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Secretary, Director	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>Michael S. Gold</b>	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Vice President & Asst Secretary	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>Theresa A. Jasmin Niemczyk</b>	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Vice President & CFO	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>Big Y Foods, Inc.</b>	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Corporation	100	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**  
 Has any individual listed in question 2, 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

**MANAGEMENT AGREEMENT**  
 Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.  Yes  No

## APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

### **3. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST**

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
Charles L. D'Amour	President, CEO, Treasurer & Director	0
Michael P. D'Amour	Executive Vice President, COO & Director	0
Claire M. D'Amour-Daley	Director & Secretary	0
Michael S. Gold	Vice President & Asst Secretary	0
Theresa A. Jasmin Niemczura	Vice President & CFO	0
Big Y Foods, Inc.	Corporation	100

### **4. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Does any individual or entity identified in question 2, 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
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Northampton, MA
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Holden, MA
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Franklin, MA

### **5. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 2, 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
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Southwick, MA
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Quincy, MA

### **6. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Have any of the disclosed licenses listed in question 4 or 5 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

**4. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE - CONTINUED**

<b>Name</b>	<b>License Type</b>	<b>License Name</b>	<b>Municipality</b>
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	West Springfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Greenfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Wilbraham, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Quincy, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Norwell, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Springfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Great Barrington, MA
Big Y Foods, Inc.	§15 Wholesaler	Table & Vine, Inc.	Springfield, MA

*Alcoholic Beverages Control Commission*

*Table & Vine, Inc. | Big Y Foods, Inc.*

*Application for Amendment - Change of Stock Interest*



**7. FINANCIAL DISCLOSURE**

Associated Cost(s): (E.g. 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):”

Associated Cost(s):

None
------

**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
N/A	
Total:	

**SOURCE OF FINANCING**

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
N/A			<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.

N/A
-----

APPLICANT'S STATEMENT

I, Charles L. D'Amour the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory

of Table & Vine, 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:



Date:

3/1/2021

Title:

President, CEO, Treasurer, Director

**CORPORATE VOTE**

The Board of Directors or LLC Managers of

Table & Vine, Inc.

Entity Name

duly voted to apply to the Licensing Authority of

Great Barrington

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

1/11/2021

Date of Meeting

For the following transactions (Check all that apply):

- Change of Officers/Directors/LLC Manager
- Change of Ownership Interest (LLC Members, LLP Partners, Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Management/Operating Agreement
- Other

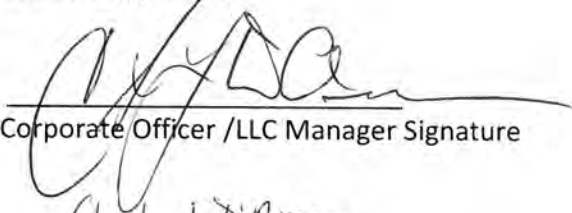
"VOTED: To authorize

Michael S. Gold

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."

A true copy attest,



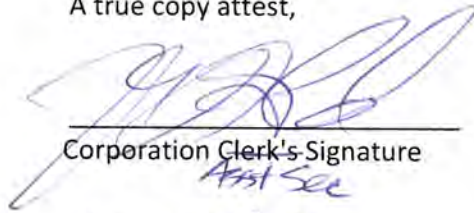
Corporate Officer /LLC Manager Signature

Charles L. D'Amore

(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

Michael Gold

(Print Name)

TOWN OF GREAT BARRINGTON  
NOTICE OF PUBLIC HEARING

The Selectboard will hold a public hearing on Monday, April 12, 2021 at 6:00 P.M. via Zoom to act on the application of Depart Wine MA Retail LLC d/b/a Depart Wine, David Bruno Manager for a new Wine and Malt Package Store License at 28 Railroad Street, Great Barrington MA 01230. Zoom information can be found at [www.townofgb.org](http://www.townofgb.org).

Stephen Bannon  
Chair

*Please publish April 3, 2021 and April 10, 2021*



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	TYPE	CATEGORY	CLASS
<input type="text" value="Off-Premises-15"/>	<input type="text" value="§15 Package Store"/>	<input type="text" value="Wines and Malt Beverages"/>	<input type="text" value="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.

Départ Wine will be a specialist shop selling only curated wine and beer selections at 28 Railroad Street. The company Départ Wine will also have a flagship location in New York City in Moynihan Train Hall opening late in 2021 as well as an online content and commerce website.

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	<input type="text" value="Départ Wine MA Retail LLC"/>	FEIN	<input type="text" value="86-1503103"/>
DBA	<input type="text" value="Départ Wine"/>	Manager of Record	<input type="text" value="David Bruno"/>
Street Address	<input type="text" value="28 Railroad Street, Great Barrington MA"/>		
Phone	<input type="text" value="[REDACTED]"/>	Email	<input type="text" value="db@departwine.com"/>
Alternative Phone	<input type="text" value="[REDACTED]"/>	Website	<input type="text" value="departwine.com"/>

**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.

Total Square Footage:	<input type="text" value="1100"/>	Number of Entrances:	<input type="text" value="2"/>	Seating Capacity:	<input type="text" value="0"/>
Number of Floors	<input type="text" value="1 1/2"/>	Number of Exits:	<input type="text" value="2"/>	Occupancy Number:	<input type="text" value="TBC"/>

**4. APPLICATION CONTACT**

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

Name:	<input type="text" value="David Bruno"/>	Phone:	<input type="text" value="[REDACTED]"/>
Title:	<input type="text" value="Owner"/>	Email:	<input type="text" value="db@departwine.com"/>



**APPLICATION FOR A NEW LICENSE**

**5. CORPORATE STRUCTURE**

Entity Legal Structure	<input type="text" value="LLC"/>	Date of Incorporation	<input type="text" value="2/18/21"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> 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	Residential Address	SSN	DOB
<input type="text" value="David Bruno"/>	<input type="text" value="[REDACTED]"/>	<input type="text" value="[REDACTED]"/>	<input type="text" value="[REDACTED]"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text" value="Owner"/>	<input type="text" value="100"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" 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/ LLC Manager	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/ LLC Manager	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/ LLC Manager	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/ LLC Manager	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

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

## 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

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
11/30/20		Recs Specialist	Wine.com	Marcella Newhouse
2/1/19	1/15/21	Dir. Special Projects	SME Co., Inc.	Neil Raynor
07/04/16	11/1/2017	General Manager	New Jersey Beer Co.	Paul Silverman
12/1/17	2/1/19	Consultant	Self-employed	N/A

### 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?  
 If yes, please fill out section 11.

Yes  No

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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

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

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

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

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

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

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

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

### CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?  
 If yes, attach an affidavit providing the details of any and all convictions.

Yes  No

## 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:

## CORPORATE VOTE

The Board of Directors or LLC Managers of   
Entity Name  
duly voted to apply to the Licensing Authority of   
City/Town and the  
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on   
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/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>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   
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   
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

DAVID BRUNO  
(Print Name)

For Corporations ONLY

A true copy attest,

\_\_\_\_\_  
Corporation Clerk's Signature

\_\_\_\_\_  
(Print Name)

**APPLICANT'S STATEMENT**

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

of   
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:

Title:

PROJECT/JOB  
DEPART  
28 RAILROAD ST

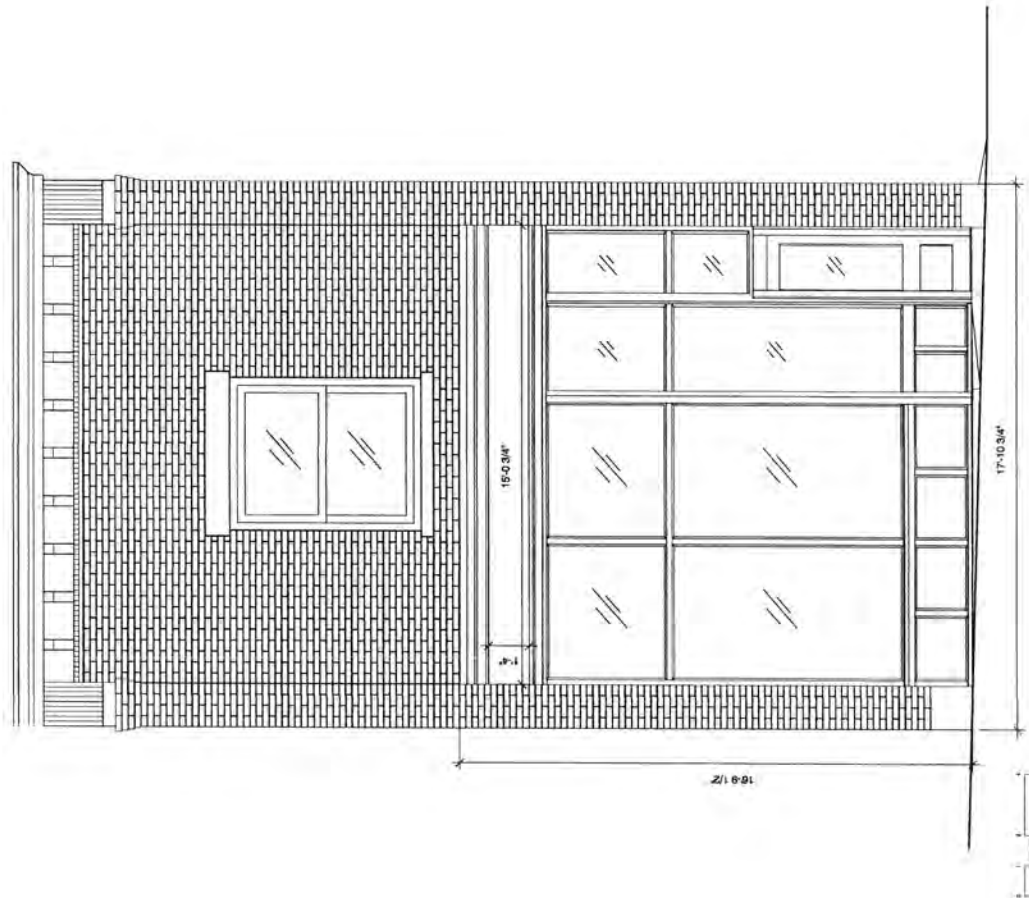
LOCATION  
GB, MA  
ARCHITECT/DISIGNER  
XXX  
CONTRACTOR  
XXX

DRAWING NAME  
ELEVATION

PROJECT NO. XXXX  
DRAWN BY. XX  
DATE 03/02/2021  
REVISION. XX  
SCALE SEE DRAWING  
FORMAT 11x17  
SHEET NO. 1 OF 1  
DRAWING NO.

A-600

© TETZ-BACON, LLC



SOUTH FACADE

1/4" = 1'-0"

SK-1

1



PROJECT/CGB  
 DEPART  
 28 RAILROAD ST.

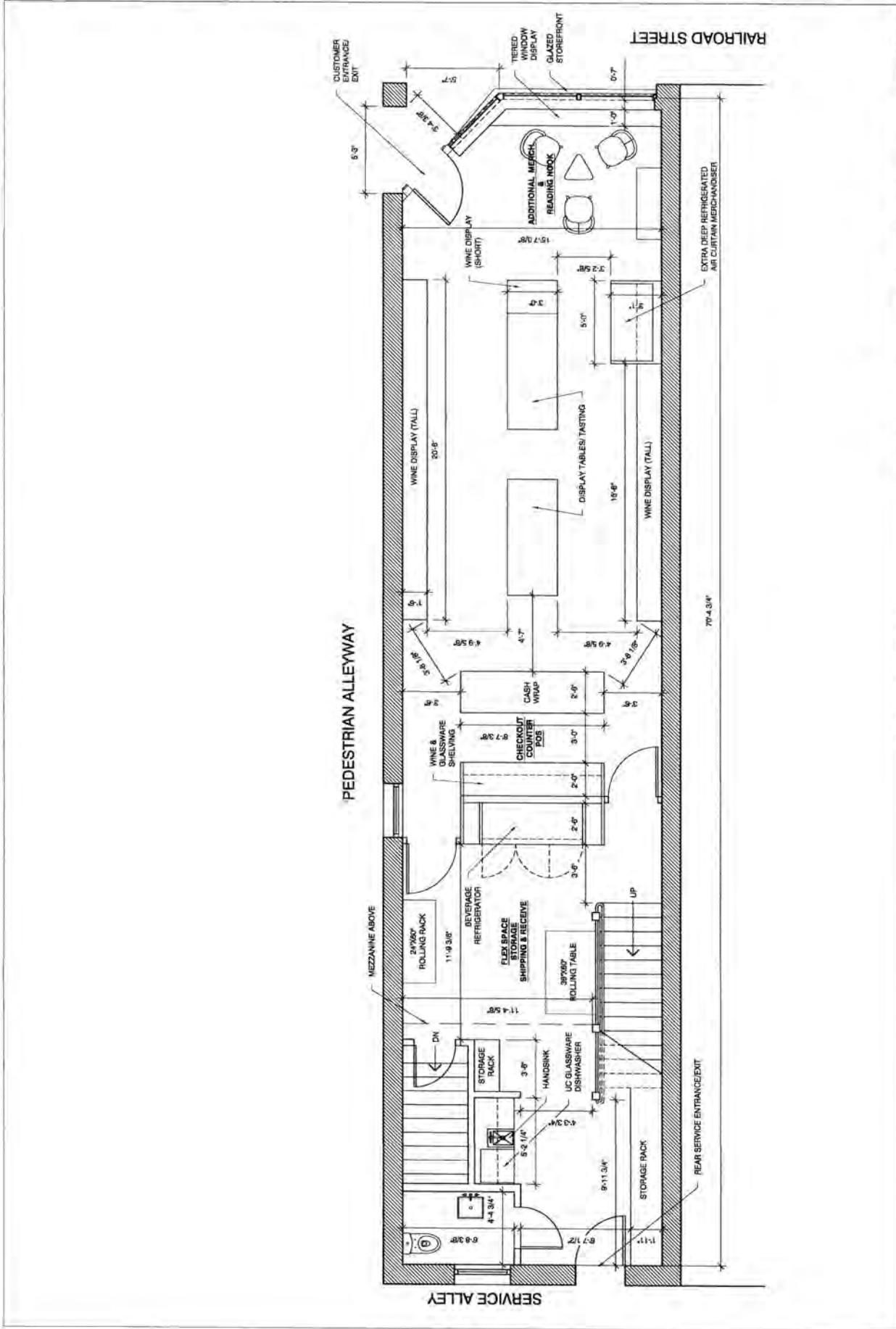
LOCATION  
 GB, MA  
 ARCHITECT/DESIGNER  
 XXX  
 CONTRACTOR  
 XXX

DRAWING NAME  
**FLOOR PLAN**

PROJECT NO. XXXX  
 DRAWN BY. XX  
 DATE. 03/11/2021  
 REVISION. XX  
 SCALE. SEE DRAWING  
 FORMAT. 11X17  
 SHEET NO. 1 OF 1  
 DRAWING NO.

**SK-1.4**

© TETZ-BACCONI, LLC



GROUND FLOOR, VERSION 1

3/16" = 1'-0"

PROJECT/JOB  
DEPART  
28 RAILROAD ST.

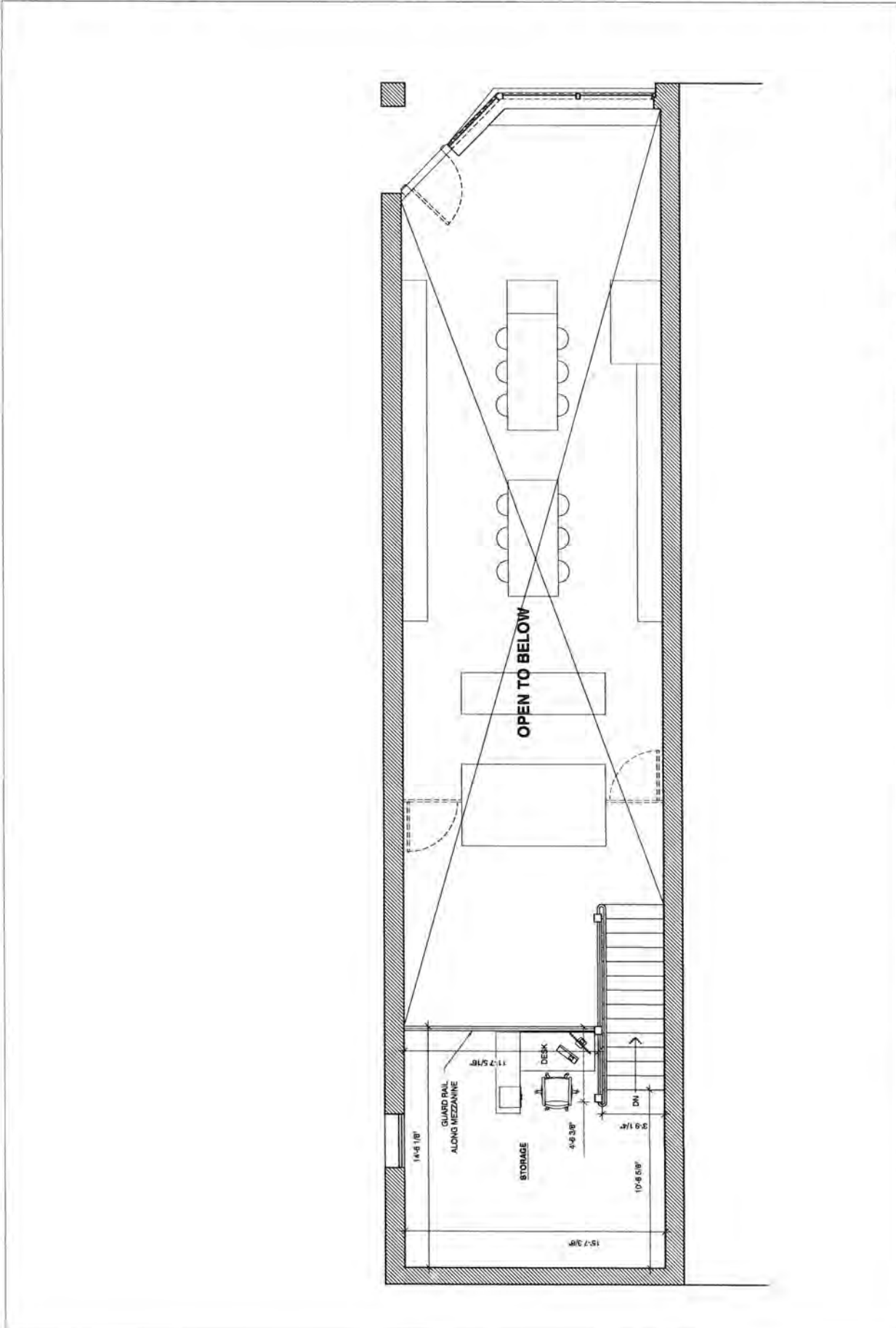
LOCATION  
GB, MA  
ARCHITECT/DESIGNER  
XXX  
CONTRACTOR  
XXX

DRAWING NAME  
FLOOR PLAN

PROJECT NO. XXXX  
DRAWN BY. XX  
DATE 03/04/2021  
REVISION XX  
SCALE SEE DRAWING  
FORMAT 11x17  
SHEET NO. 1 OF 1  
DRAWING NO.

SK-2.2

© TETZ-BACCOON LLC



MEZZANINE: VERSION 1  
3/16" = 1'-0"

**TOWN OF GREAT BARRINGTON  
NOTICE OF PUBLIC HEARING**

The Selectboard will hold a public hearing on Monday, April 12, 2021 at 6:00 PM, via Zoom, to act on the application of The Coffee Bar LLC d/b/a Twoflower Café, Sandra Mathews, Manager for a new Common Victualler Restaurant All Alcoholic Liquor License with outdoor seating capacity of 60 at 389 Stockbridge Road, Great Barrington, MA 01230. Zoom information can be found at [www.townofgb.org](http://www.townofgb.org).

Stephen Bannon  
Chair

**PLEASE PUBLISH April 3, 2021 and April 10, 2021**



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	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="§12 Restaurant"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="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.

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.

Total Square Footage: <input type="text" value="1100"/>	Number of Entrances: <input type="text" value="2"/>	Seating Capacity: <input type="text" value="40"/>
Number of Floors: <input type="text" value="1"/>	Number of Exits: <input type="text" value="2"/>	Occupancy Number: <input type="text" value="40"/>

**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	<input type="text" value="LLC"/>	Date of Incorporation	<input type="text" value="11/20/2020"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> 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	Residential Address	SSN	DOB
<input type="text" value="Sandra Mathews"/>	[REDACTED]		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text" value="Owner"/>	<input type="text" value="100"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	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"/>		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	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"/>		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	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"/>		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	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

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



# 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

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
2/1/2015	4/30/20	Manager	Drip Coffee	Rupert Jones

## 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

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

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

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

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

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

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

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

### CRIMINAL HISTORY

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

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



**CORPORATE VOTE**

The Board of Directors or LLC Managers of The Coffee Bar GB LLC  
Entity Name

duly voted to apply to the Licensing Authority of Great Barrington and the  
City/Town  
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on \_\_\_\_\_  
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/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>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 Sandra L. Mathews  
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 Sandra L. Mathews  
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,

Sandra L. Mathews  
Corporate Officer /LLC Manager Signature

Sandra L. Mathews  
(Print Name)

For Corporations ONLY

A true copy attest,

\_\_\_\_\_  
Corporation Clerk's Signature

\_\_\_\_\_  
(Print Name)

## 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		Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed)			
The Coffee Bar GB LLC		N/A			
Name of Principal	Residential Address	SSN	DOB		
Sandra Mathews	161 Beartown Mtn Rd Monterey, MA 01245	557-65-5205	11-26-1967		
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident	
Principal / Owner	100%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" 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	MA Resident	
		<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		
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident	
		<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		
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident	
		<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		
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident	
		<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		
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident	
		<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		
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

**CRIMINAL HISTORY**

Has any individual identified above ever been convicted of a State, Federal or Military Crime?  
If yes, attach an affidavit providing the details of any and all convictions.

Yes  No

**APPLICANT'S STATEMENT**

I,  the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory  
of   
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:

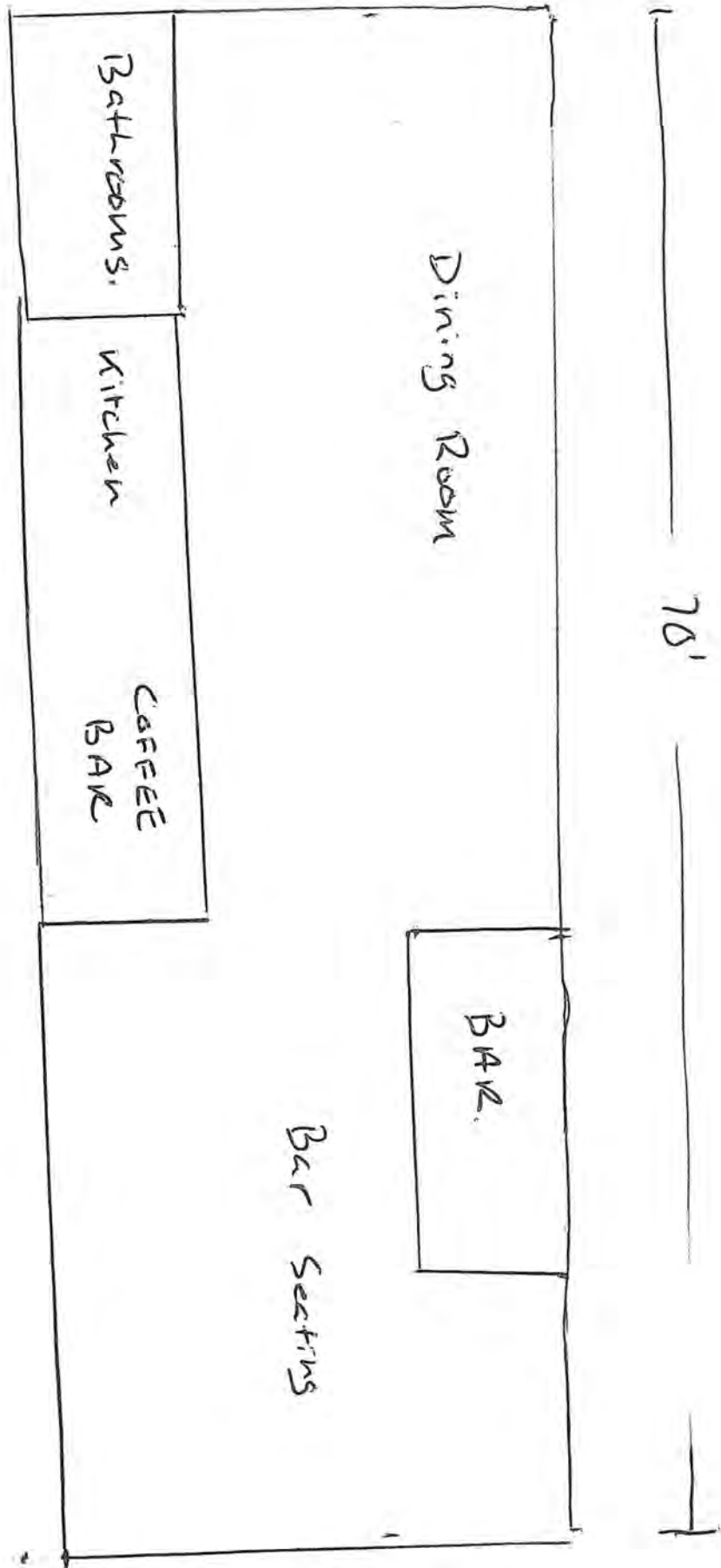
- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location 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:

Title:

Patio



TWO FOLDER SKETCH

Railroad Street

7-d

**EXECUTIVE SUMMARY**

**TITLE:** Great Barrington Trust Policy Committee

**BACKGROUND:** In 2017, the Selectboard adopted the "Safe Communities- Great Barrington Trust Policy." In accordance with that policy, the town is dedicated to developing a formal process for addressing violations of those Trust Policy commitments.

At our meeting of January 11<sup>th</sup>, the Selectboard instructed the town manager to prepare an executive summary for continued conversation on this topic.

Attached to this summary, is a copy of the 2017 Trust Policy, as well as a proposed charter for the creation of a "Great Barrington Trust Policy Committee."

**RECOMMENDATION:** Staff recommends the Selectboard consider establishing a seven (7) member committee made up of residents from any South Berkshire town as proposed in the attached charter.

Staff further recommends that the board consider broadening the proposed Great Barrington Trust Policy Committee charter to include provisions for addressing the below commitment(s) of the 2019 GB Proclamation, or establishing a separate commission to fulfill this responsibility at a later date.

*Therefore, the Selectboard resolves to:*

*Create a working group to reflect the needs of our community and to review current practices and policies, and, if necessary, to make recommendations with respect to:*

- *Police Department transparency and accountability*
- *Handling of allegations of misconduct*
- *Directing resources to community-based services to support residents and divert them from the criminal justice system.*

**FISCAL IMPACT:** None

**PREPARED AND APPROVED BY:**

**DATE:**

  
\_\_\_\_\_

Mark Pruhenski/Town Manager

2/4/2021

**Selectboard Meeting- February 8, 2021**

**Topic:** Great Barrington Trust Policy Committee

**Motion/Ed Abrahams-** to create a working group that reflects the needs and diversity of our community and to review current practices and policies, and if necessary, to make recommendations with respect to police department transparency and accountability, handling of allegations of misconduct, directing resources to community based services to support residents and divert them from the criminal justice system.

**Second/Bill Cooke**

**Roll Call Vote-** Leigh Davis/Aye, Kate Burke/Aye, Bill Cooke/Aye, Ed Abrahams/Aye, and Steve Bannon/aye. The vote was unanimous 5-0.



7-f

**EXECUTIVE SUMMARY**

**TITLE:** Southern Berkshire Ambulance (SBA) - Board of Directors Appointment

**BACKGROUND:** On March 28<sup>th</sup> of this year, the town received a letter from the SBA Board President Dennis Hogan and Chief Quality Officer at Fairview Hospital, Dr. Alec Belman. In summary, the letter noted that the board will be modifying the organization's management structure and including board level representatives from each of the member towns.

In a follow-up email, the SBA formally requested the nomination of a board representative from Great Barrington/Housatonic.


**RECOMMENDATION:** Since Fire Chief Charlie Burger and our Finance Director Susan Carmel have taken the lead on working with SBA and have a solid understanding of the operations and finances of that organization, I recommend appointing town resident and Fire Chief Charlie Burger as the town representative with an understanding that he will work closely with Ms. Carmel on any finance related matters and report back to the board every sixty (60) days or so.

I further recommend that the appointment be limited to a period of six (6) months and at that time, consider appointing a member of the Selectboard or Finance Committee to serve as a permanent representative. This will allow staff to assist the SBA board through this period of transition.

**FISCAL IMPACT:** N/A

**PREPARED AND APPROVED BY:**

**DATE:**

  
\_\_\_\_\_  
Mark Pruhenski/Town Manager

4/9/2021



7 G.



Town of Great Barrington

Town Manager Performance Evaluation

Evaluation period of May 2020 through April 2021

Selectboard Member's Name

Each member of the Selectboard should complete this evaluation form, sign it in the space below, and return it to the Selectboard Chair. The deadline for submitting this performance evaluation is Friday May 1, 2020. Evaluations will be summarized and included on the agenda for discussion at the Selectboard meeting on Wednesday May 13, 2020.

Selectboard Member's Signature

Date Submitted

## INSTRUCTIONS

This evaluation form contains ten categories of evaluation criteria. Each category contains a statement to describe a behavior standard in that category. For each statement, use the following scale to indicate your rating of the Town manager's performance.

- 5 = Excellent (almost always exceeds the performance standard)
- 4 = Above average (generally exceeds the performance standard)
- 3 = Average (generally meets the performance standard)
- 2 = Below average (usually does not meet the performance standard)
- 1 = Poor (rarely meets the performance standard)

Any item left blank will be interpreted as a score of "3 = Average"

This evaluation form also contains a provision for entering narrative comments, including an opportunity to enter responses to specific questions and an opportunity to list any comments you believe appropriate and pertinent to the rating period. Please write legibly.

Leave all pages of this evaluation form attached. Initial each page. Sign and date the cover page. On the date space of the cover page, enter the date the evaluation form was submitted. All evaluations presented prior to the deadline identified on the cover page will be summarized into a performance evaluation to be presented by the Selectboard to the Town manager as part of the agenda for the meeting indicated on the cover page.

## PERFORMANCE CATEGORY SCORING

### 1. INDIVIDUAL CHARACTERISTICS

Diligent and thorough in the discharge of duties, "self-starter"

Exercises good judgment

Displays enthusiasm, cooperation, and will to adapt

Mental and physical stamina appropriate for the position

Exhibits composure, appearance and attitude appropriate for executive position

**Add the values from above and enter the subtotal**      0      ÷ 5 =      0.00      **score for this category**

## 2. PROFESSIONAL SKILLS AND STATUS

Maintains knowledge of current developments affecting the practice of local government management

Demonstrates a capacity for innovation and creativity

Anticipates and analyzes problems to develop effective approaches for solving them

Willing to try new ideas proposed by Selectboard members and/or staff

Sets a professional example by handling affairs of the public office in a fair and impartial manner

**Add the values from above and enter the subtotal**      0      ÷ 5 =      0.00      **score for this category**

## 3. RELATIONS WITH ELECTED MEMBERS OF THE SELECTBOARD

Carries out directives of the body as a whole as opposed to those of any one member or minority group

Sets meeting agendas that reflect the guidance of the Selectboard and avoids unnecessary involvement in administrative actions

Disseminates complete and accurate information equally to all members in a timely manner

Assists by facilitating decision making without usurping authority

Responds well to requests, advice, and constructive criticism

**Add the values from above and enter the subtotal**      0      ÷ 5 =      0.00      **score for this category**

## 4. POLICY EXECUTION

Implements Selectboard actions in accordance with the intent of council

Supports the actions of the Selectboard after a decision has been reached, both inside and outside the organization

Understands, supports, and enforces local government's laws, policies, and ordinances

Reviews ordinance and policy procedures periodically to suggest improvements to their effectiveness

Offers workable alternatives to the Selectboard for changes in law or policy when an existing policy or ordinance is no longer practical

**Add the values from above and enter the subtotal**      0      ÷ 5 =      0.00      **score for this category**

## 5. REPORTING

Provides regular information and reports to the Selectboard concerning matters of importance to the local government, using the Town charter as guide

Responds in a timely manner to requests from the Selectboard for special reports

Takes the initiative to provide information, advice, and recommendations to the Selectboard on matters that are non-routine and not administrative in nature

Reports produced by the manager are accurate, comprehensive, concise and written to their intended audience

Produces and handles reports in a way to convey the message that affairs of the organization are open to public scrutiny

**Add the values from above and enter the subtotal** 0      ÷ 5 = 0.00      **score for this category**

## 6. CITIZEN RELATIONS

Responsive to requests from citizens

Demonstrates a dedication to service to the community and its citizens

Maintains a nonpartisan approach in dealing with the news media

Meets with and listens to members of the community to discuss their concerns and strives to understand their interests

Gives an appropriate effort to maintain citizen satisfaction with Town services

**Add the values from above and enter the subtotal** 0      ÷ 5 = 0.00      **score for this category**

## 7. STAFFING

Recruits and retains competent personnel for staff positions

Applies an appropriate level of supervision to improve any areas of substandard performance

Stays accurately informed and appropriately concerned about employee relations

Professionally manages the compensation and benefits plan

Promotes training and development opportunities for employees at all levels of the organization

**Add the values from above and enter the subtotal** 0      ÷ 5 = 0.00      **score for this category**

## 8. SUPERVISION

Encourages heads of departments to make decisions within their jurisdictions with minimal Town manager involvement, yet maintains general control of operations by providing the right amount of communication to the staff

Instills confidence and promotes initiative in subordinates through supportive rather than restrictive controls for their programs while still monitoring operations at the department level

Develops and maintains a friendly and informal relationship with the staff and work force in general, yet maintains the professional dignity of the Town manager's office

Sustains or improves staff performance by evaluating the performance of staff members at least annually, setting goals and objectives for them, periodically assessing their progress, and providing appropriate feedback

Encourages teamwork, innovation, and effective problem-solving among the staff members

**Add the values from above and enter the subtotal**      0      ÷ 5 =      0.00      **score for this category**

## 9. FISCAL MANAGEMENT

Prepares a balanced budget to provide services at a level directed by council

Makes the best possible use of available funds, conscious of the need to operate the local government efficiently and effectively

Prepares a budget and budgetary recommendations in an intelligent and accessible format

Ensures actions and decisions reflect an appropriate level of responsibility for financial planning and accountability

Appropriately monitors and manages fiscal activities of the organization

**Add the values from above and enter the subtotal**      0      ÷ 5 =      0.00      **score for this category**

## 10. COMMUNITY

Shares responsibility for addressing the difficult issues facing the Town

Avoids unnecessary controversy

Cooperates with neighboring communities and the county

Helps the council address future needs and develop adequate plans to address long term trends

Cooperates with other regional, state and federal government agencies

**Add the values from above and enter the subtotal**      0      ÷ 5 =      0.00      **score for this category**

## **NARRATIVE EVALUATION**

What would you identify as the manager's strength(s), expressed in terms of the principle results achieved during the rating period?

What performance area(s) would you identify as most critical for improvement?

What constructive suggestions or assistance can you offer the manager to enhance performance?

What other comments do you have for the manager; e.g., priorities, expectations, goals or objectives for the new rating period?