

NEW BUSINESS

10-17-11

DESROSIERS INC. DBA. HIDEAWAY RESTAURANT

9 station street
Po box 589
Middleboro, mass. 02346
Phone 508-947-5188
Fax 508-947-8351
E:hideawayrestaurant@comcast.net

October 5, 2011

Board of Selectmen
Town hall
Middleboro Mass 02346

Dear Selectmen

As a long standing full service restaurant and employer

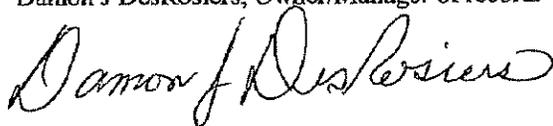
I would like to formally request a modification of Our liquor license to allow 10 am Sunday sales of alcoholic beverages, during our current breakfast - brunch service, (to be served with food service only)

In today's economic climate it would be beneficial to the tax revenue base for the town, customer service, fair competition and continued business success.

Please contact Me if there are any forms or documentation required. Or if I need to go in front of the Board at a meeting.

Sincerely,

Damon J DesRosiers, Owner/Manager of record.



**APPLICATION FOR LICENSE
(PLEASE TYPE OR PRINT CLEARLY)**

DATE 10/6/11
NAME OF APPLICANT: Damon J DesRosiers
ADDRESS OF APPLICANT 362 River St, Halifax Mass, 02338
ASSESSORS MAP & LOT _____
DAYTIME TELEPHONE 508-947-5188

NAME OF BUSINESS Hideaway Restaurant
OWNER OF PROPERTY TO BE LICENSED D&J Realty Trust
ADDRESS OF PROPERTY TO BE LICENSED 9 Station St
ASSESSORS MAP & LOT MEON, L 5918

TYPE OF LICENSE REQUESTED (Check One)

- 2nd Hand _____
- Class I Automobile Dealer License _____
- Class II Automobile Dealer License _____
- Class III Automobile Dealer License _____
- Entertainment _____
- WRPD _____
- Earth Removal Permit _____
- Liquor License Amendment
- Junk Dealer _____
- Other _____

Anticipated Start Date for Business: Currently in operation
Days & Hours of Operation: Mon - Fri 11am - 1am (Sat & Sun 7am - 1am)
Days/Hours/Description for Entertainment: Occasional ~~PRESENT~~ HOURS
Has the applicant previously held a similar license in the Town of Middleborough or elsewhere?
If yes, explain: OF OPERATION

Currently have a liquor license, would like a modification for early Sunday sales.
Also would like to have an entertainment license, as in the past for occasional events.

Signature Damon J DesRosiers

DATE OF HEARING: 10/17/11 APPROVED/DENIED

** Requesting 10 a.m. serving time on Sundays*

Do not write below line: To be Completed by Treasurer/Collector.

Please inform this department as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? NO
[Signature]

** Weekdays @ various times*

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

For Reconsideration

FORM 43
MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

ABCC License Number City/Town Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change Corporate Name |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input checked="" type="checkbox"/> Other <input type="text" value="Change of hours."/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

Name of Licensee EIN of Licensee

D/B/A Manager

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

Annual or Seasonal Category: (All Alcohol- Wine & Malt Wine, Malt & Cordials) Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

Application Filed: Advertiser: Abutters Notified: Yes No
Date & Time Date & Attach Publication

Contact Person for Transaction Phone:

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

Remarks:

The Local Licensing Authorities By: _____

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

ABCC Remarks: _____

October 11, 2011

Selectmen:

The Chamber of Commerce is requesting to place a sign on the Town Hall lawn beginning 10/18 for one week to advertise their Great Pumpkin Auction to be held on 10/21 at LeBaron's Country Club in Lakeville.

Jackie

Massachusetts State Lottery Commission

60 Columbian Street
Braintree, Massachusetts 02184-7357

Tel: (781) 849-5555
Fax: (781) 849-5546
TTY: (781) 849-5678

STEVEN GROSSMAN
Treasurer and Receiver General

PAUL R. STERNBURG
Executive Director

September 27, 2011

Town of Middleboro
Board of Selectmen
10 Nickerson Avenue
Middleboro, MA. 02346

Dear Sir/Madam:

In accordance with Massachusetts General Laws, chapter 10, section 27A, (as amended on 5/20/96), you are hereby notified that an application for a Keno license has been received by the Massachusetts State Lottery Commission, (MSLC) from:

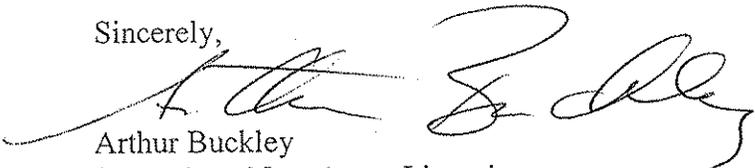
Stoney's Pub & Pizza
456 W. Grove Street
Middleboro, MA. 02346

If the city/town objects to the issuance of the Keno license, it must claim its right to a Hearing before the MSLC within twenty-one (21) days of receipt of this letter.

In accordance with section 27A (b), the objection of the city or town must be "as a result of an official action" taken by said city or town regarding the Keno applicant. In order to be fair and apply the same criteria to all cities, towns, and applicants, the MSLC defines and "official action" to be one in which the applicant appeared, or was given the opportunity to appear, before the licensing authority to discuss the issue at the local level in an open hearing or meeting prior to the Hearing at the MSLC.

Please address your written objection to William J. Egan, Jr., General Counsel, Massachusetts State Lottery Commission, 60 Columbian Street, Braintree, MA 02184.

Sincerely,


Arthur Buckley
Supervisor, New Agent Licensing
CERTIFIED MAIL 7009 0080 0000 7056 2251



Supporting the 351 Cities and Towns of Massachusetts
Visit our Web Site: www.masslottery.com



APPLICATION AND UTILIZATION AGREEMENT
TOWN HALL
MIDDLEBOROUGH, MASSACHUSETTS

PLEASE SUBMIT PAYMENT WITH APPLICATION

DATE OF APPLICATION SEPT 20, 2011

ORGANIZATION/INDIVIDUAL WITITMAN-HANSON HIGH SCHOOL / DAN MORINAKI

ADDRESS 600 FRANKLIN ST

CITY, STATE, ZIP WITITMAN, MA 02382 TEL 781-618-7210

CO-APPLICANT (BARTENDING SERVICE) _____

OWNER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ TEL _____

DATE(S) OF EVENT DEC 2nd 2011 APPROXIMATE NUMBER OF PARTICIPANTS 300

TIME OF DAY(S) REQUIRED 6 TO 10:30 pm
(ATTACH SEPARATE SHEET IF NECESSARY)

Be sure to include any set-up or dismantling day(s)/time requirements.

BRIEFLY DESCRIBE TYPE OF ACTIVITY SEMI-FORMAL DANCE

ASSIGNED SPACE _____ MEETING ROOM GRAND BALLROOM _____ GROUNDS If using grounds, will building access be required for sanitary facilities? _____

*Note - There is no air conditioning available in the Grand Ballroom

Are you requesting a one-day alcoholic beverage license? NO Licensing fee of \$ _____ plus \$100.00 required at time of application. This will be refunded if license denied prior to event or activity.

Food will be served NO Name of Caterer _____ Telephone # _____

*If food is to be served, please contact the Health Department for the appropriate permits.

We expect to bring in the following additional equipment/furnishings DJ

Any required insurance policy/indemnification agreement must be attached to application.

Rental Deposit (Bond) \$500.00 Check # _____ (must be tendered with application and will be returned within two-weeks if no damage to building, grounds or equipment has been reported).

Rental Cost 350 One-day alcoholic beverage license fee _____ Personnel Cost _____ Total Cost 350

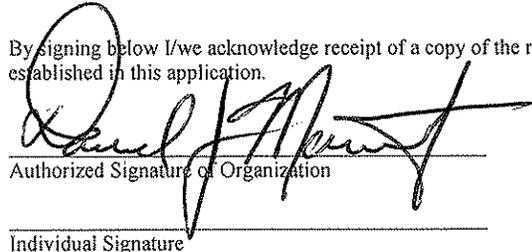
Name of Designated Town Official volunteering to perform security service _____

Signature of Volunteer _____

Application Approved by Board of Selectmen (date) _____ Fees Waived _____ Fees Due _____

APPLICATION AND UTILIZATION AGREEMENT
TOWN HALL

By signing below I/we acknowledge receipt of a copy of the rules and regulations and agree to abide by them and any other conditions established in this application.


Authorized Signature of Organization

DANIEL J MORIARTY
Name ---Please Print

Individual Signature

Name—Please Print

Signature of Owner – Co-Applicant (Bartending Service)

Business Name—Please Print

Original to be kept with security bond/deposit in the Selectmen's office. Two copies given to applicant (one for your records and the other given to the custodian/security personnel in charge of the event/activity.)

**TOWN OF MIDDLEBORO
INSURANCE REQUIREMENTS
FOR
USE OF TOWN OWNED FACILITIES**

Name of Organization: WHITMAN-HANSON HIGH SCHOOL
Address: 600 FRANKLIN ST
City, State, Zip: WHITMAN, MA 02382

Description of Function: SEMI-FORMAL DANCE

Location of Town Facility: TOWN HALL - BALL ROOM
Date and Time of Use: DEC 2, 2011 6-10:30 PM

A. Workers Compensation Insurance

Insurance Company: _____
Policy #: _____
Policy Term: _____

Coverage A	Statutory, Commonwealth of Massachusetts
Coverage B	\$500,000 per insuring agreement

B. Commercial General Liability Insurance

Insurance Company: _____
Policy #: _____
Policy Term: _____

Each Occurrence	\$1 Million
Fire Damage (any one fire)	Policy Minimum
Medical Expense	Policy Minimum
Personal Injury & Advertising Injury	\$1 Million
General Aggregate	\$1 Million **
Products/Completed Operations Aggregate	\$1 Million

**applies solely to Town of Middleboro activities

C. Commercial Automobile Liability:

Insurance Company: _____
Policy #: _____
Policy Term: _____

Combined Single Limit, Bodily Injury & Property Damage	\$1 Million
---	-------------

Applicable to: "owned, non-owned & hired automobiles"



CERTIFICATE OF LIABILITY INSURANCE

OP ID: PB

DATE (MM/DD/YYYY)

09/22/11

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

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

PRODUCER Hannon-Ryan Insurance Associates, Inc. 166 Center St., P.O. Box 457 Pembroke, MA 02359 Hannon-Ryan		781-293-5500 781-293-7943	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: WHITM-5	FAX (A/C, No):
INSURED Whitman-Hanson RSD Sharon Andrew 600 Franklin St Whitman, MA 02382		INSURER(S) AFFORDING COVERAGE INSURER A : Argonaut Ins. Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC #

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		NEW	07/01/11	07/01/12	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000
							Emp Ben.	\$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N		N/A			E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Town of Middleboro is listed as additional insured in regards to the General Liability Policy per written agreement. For Dance to be held Dec 2, 2011 6pm-10:30pm

CERTIFICATE HOLDER

TOWNM-1 Town of Middleboro South Main St Middleboro, MA 02346

CANCELLATION

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

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CRANBERRY CAPITAL OF THE WORLD



Phone: 508-946-2405 Fax: 508-946-0058

Town of Middleborough

Massachusetts

BOARD OF SELECTMEN

APPLICATION FOR LICENSE (PLEASE TYPE OR PRINT CLEARLY)

DATE 10/3/11 William Fuller
 NAME OF APPLICANT WAITERING SERVICE of New England, LLC
 ADDRESS OF APPLICANT 13 WEST END AVE
 ASSESSORS MAP & LOT 49B / 5595
 NAME OF BUSINESS ALLEN TREATME
 OWNER OF PROPERTY TO BE LICENSED HOWLAND JUN. TRUST
 ADDRESS OF PROPERTY TO BE LICENSED 133 CENTER ST.
 ASSESSORS MAP & LOT 50P / 5309

TYPE OF LICENSE REQUESTED (Check One)

- 2nd Hand Furniture _____
- Class I License _____
- Class III License _____
- Common Victualler _____
- 2nd Hand Clothing _____
- Class II License _____
- Liquor License FULL LIQUOR
- Other _____

Anticipated Start Date for Business November 18, 2011 - Comedy SHOW
 Hours requested: 7pm - 11pm

Has the Applicant previously held a similar license in the Town of Middleborough or elsewhere? If yes, explain:
YES, SIMILAR REQUESTS AND SUBSEQUENT APPROVAL

Signature [Signature]
 DATE OF HEARING 10.17.11

APPROVED/DENIED

Do not write below line: To be Completed by Treasurer/Collector:

Please inform this department, as well as the Board of Selectmen, as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? NO

Judy M. MacDermald

[Signature]

CRANBERRY CAPITAL OF THE WORLD



Phone: 508-946-2405 Fax: 508-946-0058

Town of Middleborough Massachusetts

BOARD OF SELECTMEN

APPLICATION FOR LICENSE (PLEASE TYPE OR PRINT CLEARLY)

DATE 10/3/11
 NAME OF APPLICANT William Fuller
 ADDRESS OF APPLICANT Boatending Service of New England, LLC
 ASSESSORS MAP & LOT 13 WEST END AVE
 NAME OF BUSINESS 496/5595
 OWNER OF PROPERTY TO BE LICENSED ALBY THEATRE
 ADDRESS OF PROPERTY TO BE LICENSED HOWLAND INV. TRUST
 ASSESSORS MAP & LOT 135 CENTER ST.

John Rea
Thomas Waks
man

TYPE OF LICENSE REQUESTED (Check One)

- 2nd Hand Furniture _____
- Class I License _____
- Class III License _____
- Common Victualler _____
- 2nd Hand Clothing _____
- Class II License _____
- Liquor License
- Other _____

Full Liquor
~~Full Bar~~
Fundraiser

Anticipated Start Date for Business November 26, 2011
 Hours requested: 7am - 11pm

Has the Applicant previously held a similar license in the Town of Middleborough or elsewhere? If yes, explain:
YES, SIMILAR REQUEST AND SUBSEQUENT APPROVAL

Signature [Signature]
 DATE OF HEARING 10.17.11

APPROVED/DENIED

Do not write below line: To be Completed by Treasurer/Collector:

Please inform this department, as well as the Board of Selectmen, as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? NO

Judy M. MacDermald

[Signature]

APPLICATION FOR LICENSE
(PLEASE TYPE OR PRINT CLEARLY)

DATE 10/12/11
NAME OF APPLICANT Partending Service of New England
ADDRESS OF APPLICANT 13 West End Ave.
ASSESSORS MAP & LOT 490/5575
DAYTIME TELEPHONE 508 923 9774

NAME OF BUSINESS New England Bartending Service
OWNER OF PROPERTY TO BE LICENSED Town Hall
ADDRESS OF PROPERTY TO BE LICENSED 10 NICKERSON AVE.
ASSESSORS MAP & LOT 50P-6189

TYPE OF LICENSE REQUESTED (Check One)

- 2nd Hand
- Class I Automobile Dealer License
- Class II Automobile Dealer License
- Class III Automobile Dealer License
- Entertainment
- WRPD
- Earth Removal Permit
- Liquor License Full Liquor License
- Junk Dealer
- Other

Anticipated Start Date for Business: Oct 29th dance at the town hall for Middleboro Friends.
Days & Hours of Operation: 7pm - 12am

Has the applicant previously held a similar license in the Town of Middleborough or elsewhere?
If yes, explain: yes - the last 3 years -

Signature [Signature]
DATE OF HEARING: 10.17.11 APPROVED/DENIED

Do not write below line: To be Completed by Treasurer/Collector:

Please inform this department as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? NO

Judy M. MacDermald

[Signature]



Middleborough High School Student Council

71 East Grove Street
Middleboro, Massachusetts 02346
508-946-2010
www.middleboro.k12.ma.us

Luke Szulak, *President*
Sarah Maddigan, *Vice President*
Joshua Dyer, *SEMASC Delegate*

Paul F. Branagan, *Advisor &*
MASC Executive Director

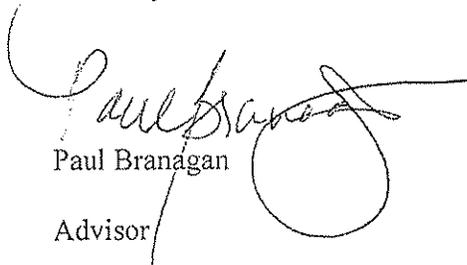
Dear Members of the Middleboro Board of Selectman,

The Middleboro High School Student Council has been putting together the eleventh annual Homecoming at the high school. Homecoming week is scheduled for October 18th - 22nd 2011. The Homecoming game is scheduled for Saturday October 22, 2011 against the Hingham Harbormen.

On the morning of October 22nd, we would like to host a small parade that would proceed from the High School, down to Fairview Street, up Wareham Street, and turn on to Benton Street to reach Battis Field, where the homecoming game will be played. The parade would not be very large, consisting of four small floats, one for each class, the band, and the twirlers.

To ensure safety and to allow the parade to run smoothly, we would also ask for the assistance of a police cruiser leading the parade and a police cruiser trailing through the parade, as well as assistance on certain corners where the parade will proceed through. We would like to know if you would agree to support this very successful event that truly bring our school together. This event would bring together the school community and the Town of Middleboro as it celebrates its annual Homecoming. If you have any question, please contact Paul Branagan, the student council advisor at (508)-946-2010 ext.103. Thank you for your time and commitment to the student life in Middleboro.

Sincerely,



Paul Branagan
Advisor

Student Council



Luke Szulak

President

Student Council

"The Voice of Student Leadership"
2009, 2010 & 2011 MASC Gold Council of Excellence Award
2005 & 2008 MASC Excellence Award
2006 NASC Gold Council of Excellence

Jacqueline Shanley

From: Lance Benjamino
Sent: Wednesday, October 12, 2011 4:46 PM
To: Jacqueline Shanley
Subject: RE: Middleborough High School Homecoming Parade Request

> No concerns or objections, just one requirement please let me know if and when it gets approved so I can divert apparatus at the time of the parade if needed.

Thank you,

Lance Benjamino
Chief of Department
125 North Main Street
Middleborough, MA 02346
508-946-2461
Firechief@middleborough.com

From: Jacqueline Shanley
Sent: Wed 10/12/2011 3:16 PM
To: Chief Bruce Gates (bruce.gates@mpdmail.com); Lance Benjamino; Andy Bagas
Subject: FW: Middleborough High School Homecoming Parade Request

Good Afternoon,

Please let me know a.s.a.p. if you have any concerns/objections/requirements relative to the above. This has come in at the last minute for Monday's agenda and I need feedback before Friday for the Board's packets.

Thank you!

Jackie

-----Original Message-----

From: mholden@middleboro.k12.ma.us [<mailto:mholden@middleboro.k12.ma.us>]
Sent: Wednesday, October 12, 2011 2:48 PM
To: Jacqueline Shanley
Subject: Middleborough High School Homecoming Parade Request
Importance: High

Hi Jackie,

Here's the request from the Middleborough High School Student Council requesting permission to hold a Homecoming Parade on the morning of October 22nd. Thank you for getting it in for us.

Michelle

Michelle Holden
Secretary to the Principal
Middleborough High School
71 East Grove Street
Middleboro, MA 02346
(508) 946-2010 x105

Jacqueline Shanley

From: Chief Bruce Gates <bruce.gates@mpdmail.com>
Sent: Thursday, October 13, 2011 7:27 AM
To: Jacqueline Shanley
Subject: RE: Middleborough High School Homecoming Parade Request

Jackie,

We will have cruisers there if available. We have not had any problems with this annual event.

Thanks

Bruce Gates

-----Original Message-----

From: Jacqueline Shanley [mailto:jshanley@middleborough.com]
Sent: Wednesday, October 12, 2011 3:17 PM
To: bruce.gates@mpdmail.com; Lance Benjamino; Andy Bagas
Subject: FW: Middleborough High School Homecoming Parade Request
Importance: High

Good Afternoon,

Please let me know a.s.a.p. if you have any concerns/objections/requirements relative to the above. This has come in at the last minute for Monday's agenda and I need feedback before Friday for the Board's packets.

Thank you!

Jackie

-----Original Message-----

From: mholden@middleboro.k12.ma.us [mailto:mholden@middleboro.k12.ma.us]

Sent: Wednesday, October 12, 2011 2:48 PM
To: Jacqueline Shanley
Subject: Middleborough High School Homecoming Parade Request
Importance: High

Hi Jackie,

Here's the request from the Middleborough High School Student Council requesting permission to hold a Homecoming Parade on the morning of October 22nd. Thank you for getting it in for us.

Michelle

Michelle Holden
Secretary to the Principal
Middleborough High School
71 East Grove Street
Middleboro, MA 02346
(508) 946-2010 x105