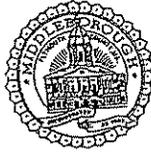


NEW BUSINESS

5-16-11

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 5-9-2011
NAME OF APPLICANT BILL SECKIUGER
ADDRESS OF APPLICANT 13 HARDING ST. Lakeville MA.
ASSESSORS MAP & LOT _____
NAME OF BUSINESS MUCKEY'S LIQUORS
OWNER OF PROPERTY TO BE LICENSED BILL SECKIUGER
ADDRESS OF PROPERTY TO BE LICENSED 200 OAK POINT DR
ASSESSORS MAP & LOT _____

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 ONE DAY BEER + WINE
Other _____
now to 3pm *5pm to 11⁰⁰ PM*

Anticipated Start Date for Business 5-22-2011 + 5-28-2011
Hours requested: 12 noon TO 11⁰⁰ PM

Has the Applicant previously held a similar license in the Town of Middleborough or elsewhere? If yes, explain:
AT OAK POINT

Signature William Seckiger

DATE OF HEARING _____

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? _____

May 10, 2011

Board of Selectmen
Town of Middleborough
10 Nickerson Ave.
Middleborough, MA 02346

Dear Board Members,

The Middleborough Public Library would like to use the Town Hall Lawn on Thursday June 30, from 12 Noon until approximately 1:30 for a Brown Bag Books story time. Children's Librarian, Liz Gotauco will meet parents and children under the shady trees just past the Veteran's Memorial Park. She will be reading patriotic stories to the young people in observance of Independence Day.

This will be the first of the popular Brown Bag Books series for the summer. Each year for many years now, our Children's Librarian has held story hours in various spots all over Town so that the children are exposed to a variety of experience.

As part of the 2011 program, Libraries across the country are partnering with Heifer International in a "Read to Feed" initiative. The public is encouraged to support the children's reading by donating to a special collection that will purchase farm animals for the needy so that they may be able to feed their families.

Thank you for your support of our Middleborough Public Library.

Sincerely,

Danielle Bowker
Library Director

Liz Gotauco
Children's Librarian

APPLICATION AND UTILIZATION AGREEMENT
TOWN HALL
MIDDLEBOROUGH, MASSACHUSETTS

PLEASE SUBMIT PAYMENT WITH APPLICATION

DATE OF APPLICATION 5/11/11

ORGANIZATION/INDIVIDUAL Northbrook Academy / Paul Harrison

ADDRESS 53 Baker Road 20 Rock St, Middleboro, MA

CITY, STATE, ZIP Rayham, MA, 02767 TEL cell - 508-331-5696
508-824-5306 Home - 508-947-0730

CO-APPLICANT (BARTENDING SERVICE) None

OWNER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ TEL _____

DATE(S) OF EVENT 6/3/11 APPROXIMATE NUMBER OF PARTICIPANTS 150
(ATTACH SEPARATE SHEET IF NECESSARY)

TIME OF DAY(S) REQUIRED 5:30 TO 10:00

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

BRIEFLY DESCRIBE TYPE OF ACTIVITY Graduation

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 Yes. Name of Caterer Pot Luck 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 _____

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

Name of Designated Town Official volunteering to perform security service Paul K Harrison

Signature of Volunteer Paul K. Harrison

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

I/we _____ hereby acknowledge return of our \$500.00 bond payment.

APPLICATION AND UTILIZATION AGREEMENT
TOWN HALL

In connection with my/our planned use of the Town Hall and/or grounds, I/we hereby agree to the following:

I/we agree to abide by all conditions as set forth in this application and the rules and regulations as established by the Board of Selectmen.

I/we agree that no activities unrelated to this purpose will be conducted on the premises.

I/we agree to hold harmless and indemnify and defend the Town of Middleborough, its agents, servants, employees and volunteers from and against any and all claims for injury to any person and/or damage to or loss of any personnel property of any nature arising out of my/our contracted use of the property or facilities of the Town for this function and that which may occur outside of the Town Hall premises or arise from activities which occur on or about the Town Hall premises.

I/we agree to assume total responsibility for assuring that:

- a. the participants at the meeting/event will conduct themselves in a safe and orderly fashion;
- b. no dangerous or unlawful activities will take place on the premises or grounds;
- c. no Town or other property will be removed from the building or grounds;
- d. participants will confine themselves to the specified areas of the building and grounds designated for the event;
- e. participants will leave the building and grounds in a clean and orderly condition;
- f. the participants will promptly leave the premises at the time scheduled for their departure.
- g. participants will abide by all rules and regulations as established by the Board of Selectmen

I/we agree to refrain from placing signs or decorations anywhere on the premises except as specified below. And if allowed will not place or cause to be placed in contradiction to the rules and regulations.

Hand held signs For Parking Signs in Ball Room to be taken down immediately after graduation.

I/we understand that Town employees and/or designated volunteers in attendance at the scheduled event/meeting, except as specified below, are there for the sole purpose of providing participants with access to the portion of the building and grounds that have been set aside for their use. If payment for custodial services has been made, please note here.

Will be made

I/we agree to abide by all requests of Town employees and designated volunteers who are present at the event pertaining to the use of the building and grounds.

I/we hereby certify that no alcoholic beverages of any type will be consumed at the event/activity, unless authorized and appropriate licensing has been obtained in advance and as established by the rules and regulations.

I/we agree to provide a security deposit in the amount of \$500.00 refundable to me/us within two weeks after the event if, in the sole judgement of the Board of Selectmen, I/we have fully complied with the terms of this Agreement and the Rules and Regulations.

I/we require/request use of the following

we will
Chair set up no, PA system/Podium set up Piano

I/we agree to the following additional conditions:

The governing body of the renting organization named below met on _____ 201__ and, a quorum being present, authorized the individual named below to sign this agreement. The minutes of that meeting, or a letter of authorization from the President of the renting organization, are attached to this agreement.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: SB

DATE (MM/DD/YYYY)

05/12/11

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.

When coverage is provided to an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder to those of such endorsement(s).

PRODUCER Wm. C. Borhek Insurance Agency 211 Plymouth Street Halifax, MA 02336 Merle D. Ott		781-293-0331 781-293-2171	CONTACT NAME: PHONE (A/C No. Extn): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: NORTH-9	FAX (A/C No.):
INSURED Northbrook Academy 73 Center Street Raynham, MA 02876	INSURER(S) AFFORDING COVERAGE		NAIC # 19356	INSURER A: Zurich Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE SERVICES OF THE PRODUCER OR PRODUCERS DESCRIBED HEREIN ARE THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DESCRIBED HEREIN. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE OF INSURANCE IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF THE POLICIES DESCRIBED HEREIN.

TYPE	TYPE OF INSURANCE	ADDITIONAL INFORMATION	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	PPS 43596647	08/03/10	08/03/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-PORT <input type="checkbox"/> LOC <input type="checkbox"/>				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE	PPS 43599647	08/03/10	08/13/11	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> DEDUCTIBLE \$ 10,000				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	WC000066732	08/01/10	08/01/11	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Y/N <input type="checkbox"/> N/A				

DESCRIPTION OF OPERATIONS (INCLUDES ALL ACORD 101. Additional Remarks Schedule, if more space is required)
 Town of Middleboro Academy Graduation, Town of Middleboro
 is named as additional insured on all policies except Workers Compensation

CERTIFICATE HOLDER

CANCELLATION

TOWN MI Town Of Middleboro Office of Town Manager 10 Nickerson Ave Middleboro, MA 02846	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 Merle D. Ott
-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

Northbrook Academy
Authorized Signature of Organization
Paul K. Harrison
Individual Signature

Northbrook Academy
Name ---Please Print
Paul K. Harrison
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: Northbrook Academy
Address: 53 Baker Road / 40 North Main St.
City, State, Zip: Royalston, MA 02767 Middleboro, MA 02346

Description of Function: Graduation

Location of Town Facility: Middleboro Town Hall
Date and Time of Use: Friday, June 3, 2011 - Time 5:30-9:00

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"

D. *Other Insurance Requirements:*

Type of Insurance (i.e. liquor liability, etc) No Liquor.

Insurance Company: _____

Policy #: _____

Policy Term: _____

Limits of Liability _____ \$

Additional Conditions:

- a. Except for the Workers' Compensation coverage, the Town of Middleboro is included on all policies as an additional insured.
- b. The Town of Middleboro, Office of the Town Manager, will be provided at least a 30 day advance written notice of cancellation, material change in coverage, or intention not to renew.
- c. The insurance coverage referenced above is provided on the "occurrence" form of coverage.
- d. If an "Acord" form of certificate is used, this document must be attached to the Acord form and referenced as a special policy provision in the Description of operations section of the Acord form.
- e. Terms and conditions contained on any form to which this document is attached will not reduce the coverage or minimize the benefit of this document to the Town of Middleboro.

I, a licensed insurance agent/broker, have the authority to bind the insurance companies listed above to the terms of this agreement.

Date: 5/12/2011

Signed: Merle Duff Ott

Agency: Wm. L. Borlik Ins. Agency

Address: 311 Plymouth Street
Halifax MA, 02338