NEW BUSINESS

8-22-11

09-Aug.-11

Re: M.D. Boot Drive

The Honorable Board of Selectmen,

It's that time again for the Muscular Dystrophy Boot Drive. We would like to meet with the board to seek out permission to commence on Aug. 26th and 27th of this year. Both at the Four Corners and at The Plaza at Hanafords Supermarket.

If I could have about fifteen (15) minutes at your next meeting, I am sure we can present our proposal to you as we have done in the past. Thank You!

Respectfully,

George A. Andrade Jr., Captain
Middleborough Fire Department

Central Baptist Church

Officemanager@cbcmiddleboro.org

August 1, 2011

Board of Selectmen
Town Hall
10 Nickerson Avenue
Middleborough, MA 02346

RE: Use of Town Hall Parking Lot

We would like to request the use of the Town Hall parking lot for our sixth annual *Trunk or Treat* program. This will be on Monday, October 31,2011 from 5:00 p.m. to about 8:00 p.m. Children in the community will be invited to come to the parking lot where cars from our church will have their trunk open with candy to be given out in a safe and friendly environment. Previous years have proven this to be a positive and popular event.

Thank you for your consideration of this request and for your past support.

Sincerely,

Terri Perkins
Office Manager
Central Baptist Church

3 Nickerson Ave. • P. O. Box 369 • Middleborough MA 02346-0369 • (508) 947-1189

COMMONWEALTH OF MASSACHUSETTS
WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

WARRANT FOR SPECIAL STATE ELECTION
SEPTEMBER 20, 2011

PLYMOUTH, SS.

To either of the Constables of the Town of Middleborough

GREETINGS:

In the name of the Commonwealth, you are hereby required to notify and warn the inhabitants of said Town who are qualified to vote in the Special State Election to vote at

Precincts 2 and 4: Middleborough High School Gymasium
71 East Grove Street (Route 28)
Middleborough, MA 02346

on **TUESDAY, THE TWENTIETH DAY OF SEPTEMBER, 2011,** from 7:00 A.M. to 8:00 P.M. for the following purpose:

To cast their votes in the Special State Election for the candidates for the following office:

REPRESENTATIVE IN GENERAL COURT. . . . . 12TH BRISTOL DISTRICT

Hereof fail not and make return of this warrant with your doings thereon at the time and place of said voting.

Given under our hands this **22nd day of August, 2011.**

Alfred P. Rullo, Jr.

Stephen J. McKinnon

Steven P. Spataro

Allin Frawley

Ben Quelle

Board of Selectmen
Town of Middleborough

Pursuant to the instructions contained in the above warrant, I have notified and warned all the inhabitants of said Town of Middleborough, qualified to vote as expressed in said warrant, to meet at the time and place for the purpose specified, by causing an attested copy of the same to be published in the Middleborough Gazette on the **25th day of August, 2011,** that date being more than seven days before the time specified for said meeting.

Bruce Gates, Police Chief

Town of Middleborough
Commission on Disability

MEMORANDUM

TO: **Board of Selectmen**

FROM: **Allison J. Ferreira, Secretary to the Commission on Disability** AJF

DATE: **August 10, 2011**

RE: ***Resignation of Melissa Oddi-Morrison***

The Commission on Disability received the attached resignation letter from Melissa Oddi-Morrison on June 13, 2011 as a member of the Commission on Disability. The Commission met on August 10, 2011 and voted to accept Ms. Oddi-Morrison's resignation.

The Commission would like to request the Board vote to accept Ms. Oddi-Morrison's resignation. In addition, the Commission has also requested this vacancy be advertised in the local newspaper and on the Town's web site to fill this unexpired term. Please note the term would be through 2013 and any interested applicants should apply in writing c/o of the Town Clerk's Office, 20 Centre Street, Middleborough, MA 02346.

Should you have any questions or concerns, please do not hesitate to contact me in my capacity as the Secretary to the Commission on Disability at (508) 946-2415.

Thank you for your consideration.

6/07/11

To: Member of the disability Commission of Middleborough and Town Selectmen
From: melissa Oddi-Morrison

I regretfully resign from the disability commission at this time. My husband does much traveling with his work and sometimes leaves at a moment's notice, which lately has made me miss our monthly meetings. I don't want to take up a position that someone may be able to fill every month. I hope to return in the future to the commission, when my children are a little older and I don't have to rely so much on babysitters.
Thank you for allowing me to serve the disabled people of Middleborough.

Sincerely,

Melissa Oddi-Morrison

RECEIVED
JUN 13 2011
TOWN CLERK'S OFFICE
MIDDLEBOROUGH, MA 02346

DAR
Daughters of the American Revolution

August 10, 2011

Board of Selectmen
Town of Middleboro
Town Hall
Middleboro, MA 02346

Dear Selectmen:

The Lydia Cobb-Quequechan Chapter of the Massachusetts Daughters of the American Revolution respectfully requests that you issue a Proclamation for Constitution Week, September 17-23, 2011. Enclosed is a sample proclamation you may use as a guide.

Please return the signed Proclamation using the enclosed self-addressed, stamped envelope. If you have any questions regarding the Proclamation, feel free to contact me. Thank you for joining us in the 224th anniversary celebration of the signing of the United States Constitution.

Sincerely,

Kathleen Rubano

Kathleen Rubano
Chairman, Constitution Week
Lydia Cobb-Quequechan Chapter, DAR
312 Highview Avenue
Somerset, MA 02726
(508) 676-1627
Email: kathleenrubano@mac.com

CONSTITUTION PROCLAMATION 2011

WHEREAS: It is the privilege and duty of the American People to commemorate the two hundred twenty-fourth anniversary of the drafting of the Constitution of the United States of America with appropriate ceremonies and activities; and

WHEREAS: Public Law 915 guarantees the issuing of a proclamation each year by the President of the United States of America designating September 17 through 23 as Constitution Week,

NOW, THEREFORE I, Alfred P. Rullo, Jr., by virtue of the authority vested in me as Chairman of the Board of Selectmen of the Town of Middleborough, do hereby proclaim the week of September 17 through 23 as

CONSTITUTION WEEK

and urge all citizens to study the Constitution, and reflect on the privilege of being an American with all the rights and responsibilities, which that privilege involves.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the Town of Middleborough to be affixed this 22nd day of August of the year of our Lord two thousand eleven.

_____

_____

_____

_____

_____

BOARD OF SELECTMEN

CONSTITUTION PROCLAMATION 2011

WHEREAS: It is the privilege and duty of the American People to commemorate the two hundred twenty-fourth anniversary of the drafting of the Constitution of the United States of America with appropriate ceremonies and activities; and

WHEREAS: Public Law 915 guarantees the issuing of a proclamation each year by the President of the United States of America designating September 17 through 23 as Constitution Week,

NOW, THEREFORE I, _____by virtue of the authority vested in me as (Governor or Mayor) of the State or City) of _____ (in the city of)_____do hereby proclaim the week of September 17 through 23 as

CONSTITUTION WEEK

and urge all citizens to study the Constitution, and reflect on the privilege of being an American with all the rights and responsibilities, which that privilege involves.

PLACE STATE OR CITY SEAL HERE

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal (State or City) to be affixed this _____ day of _____ of the year of our Lord two thousand eleven.

Signed

_____

APPLICATION AND UTILIZATION AGREEMENT
TOWN HALL
MIDDLEBOROUGH, MASSACHUSETTS

PLEASE SUBMIT PAYMENT WITH APPLICATION

DATE OF APPLICATION Aug 16

ORGANIZATION/INDIVIDUAL Middleboro Friends -

ADDRESS Muriel Duphily 319 Miller St.

CITY, STATE, ZIP Middleboro TEL 508 947 3989
#

CO-APPLICANT (BARTENDING SERVICE) Bill Fuller - Bartending Service of N. E

OWNER NAME Bill Fuller

ADDRESS

CITY, STATE, ZIP Middleboro TEL.
#

DATE(S) OF EVENT Oct 29th APPROXIMATE NUMBER OF PARTICIPANTS
(ATTACH SEPARATE SHEET IF NECESSARY)

TIME OF DAY(S) REQUIRED TO

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

BRIEFLY DESCRIBE TYPE OF ACTIVITY Halloween Ball -

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? Yes. 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 ✓ Name of Caterer Flat Iron Cafe 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 D.J.

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 Steve Spatlaro

Signature of Volunteer

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

Jacqueline Shanley

From: Catherine Hassett
Sent: Monday, August 15, 2011 2:18 PM
To: Jacqueline Shanley
Subject: Buddy's Pizza Pub
Attachments: 20110815132239142.pdf

Hi Jackie,

This new food establishment would like to go before the Board of Health for the Common Victuallers license as soon as possible. A preliminary inspection has been conducted by the Health Department, however, a final inspection will have to be completed before a Food Establishment permit can be issued to Buddy's Pizza Pub.
If you have any questions, please contact this office.

Thank you,

Catherine

Rec'd # 1011 for $25.00

RECEIVED
JUL 21
TOWN OF MIDDLEBOROUGH
HEALTH DEPARTMENT

51-11

LICENSE APPLICATION/ RENEWAL
COMMON VICTUALLER

DATE 6/29/11 FEE $ 25.00

NAME OF BUSINESS BUDDY'S PIZZA PUB

ADDRESS/LOCATION FOR PERMIT USE 547 WEST GROVE

ASSESSORS MAP & LOT 48-395

NAME OF APPLICANT/PETITIONER CHRISTOPHER MASTRANGELO

ADDRESS OF APPLICANT/PETITIONER 201 HEMLOCK SHORE RD. LAKEVILLE, MA.

TELEPHONE # OF APPLICANT 508-947-6280

F.I.D # OF APPLICANT/PETITIONER # 45-2672443 4

IF A CORPORATION OR PARTNERSHIP, GIVE NAME, TITLE, AND HOME ADDRESS OF OFFICERS OR PARTNER CHRISTOPHER MASTRANGELO (PRESIDENT), DIANE MASTRANGELO (SECRETARY), MICHAEL MASTRANGELO (TREASURER), 201 HEMLOCK SHORE RD. LAKEVILLE, MA. 02347 (ALL)

SIGNATURE OF APPLICANT

TO: TREASURER/COLLECTOR
FROM: HEALTH DEPARTMENT

Please inform this department, as to whether or not the above 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 the property owner/petitioner/applicant owe taxes/municipal charges? NO

Signed _____
(Treasurer& Collector)

Jacqueline Shanley

From: Catherine Hassett
Sent: Monday, August 15, 2011 2:34 PM
To: Jacqueline Shanley
Subject: North End Pizzeria
Attachments: 20110815132112282.pdf

Hi Jackie,

This new food establishment would like to go before the Board of Health for the Common Victuallers license as soon as possible. A preliminary inspection has been conducted by the Health Department, however, a final inspection will have to be conducted before a Food Establishment permit can be issued to North End Pizzeria.
If you have any questions please contact this office.

Thank you,

Catherine

Rec V #155 for 25.00

RECEIVED
AUG 05 2011
TOWN OF MIDDLEBOROUGH
HEALTH DEPARTMENT

Victor + Paola Cabarle

#52-11

LICENSE APPLICATION/ RENEWAL
COMMON VICTUALLER

DATE 07/15 FEE $ 25.00

NAME OF BUSINESS NORTHEND Pizzaria

ADDRESS/LOCATION FOR PERMIT USE 337 west Grove St

ASSESSORS MAP & LOT Middleboro, MA Map # 049 Lot # 4914

NAME OF APPLICANT/PETITIONER Adriana T Rosales

ADDRESS OF APPLICANT/PETITIONER 10 Jimmy cr

TELEPHONE # OF APPLICANT 508 369 9668

F.I.D # OF APPLICANT/PETITIONER 037580289

IF A CORPORATION OR PARTNERSHIP, GIVE NAME, TITLE, AND HOME ADDRESS OF OFFICERS OR PARTNER

x SIGNATURE OF APPLICANT

TO: TREASURER/COLLECTOR
FROM: HEALTH DEPARTMENT

Please inform this department, as to whether or not the above 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 the property owner/petitioner/applicant owe taxes/municipal charges? NO

Signed _____
(Treasurer & Collector)

2011 ANNUAL APPOINTMENTS

One Year Appointments

Fence Viewer –
Robert Whalen

Tree Warden –
Andrew Bagas

Moth Superintendent –
Andrew Bagas

Dog Officer –
Jayson Tracy

Animal Inspector –
Jessica Gardner

Alternate Animal Inspector –
Jayson Tracy

Forest Fire Warden –
Lance Benjamino

Alternate Wiring Inspector –
John Hogan

Pound Driver & Keeper –
Jayson Tracy

Town Counsel –
Daniel F. Murray

Veterans' Agent –
Paul Provencher

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 8-18-2011
NAME OF APPLICANT Bill Seckinger
ADDRESS OF APPLICANT 13 Harding Street Lakeville
ASSESSORS MAP & LOT
NAME OF BUSINESS Muckey's Liquors
OWNER OF PROPERTY TO BE LICENSED Bill Seckinger
ADDRESS OF PROPERTY TO BE LICENSED 200 Oak Point Drive
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
Other Full

Anticipated Start Date for Business 5 pm to 11 PM Sept 8, 2011
Hours requested: 5pm to 11PM

Has the Applicant previously held a similar license in the Town of Middleborough or elsewhere? If yes, explain:
Yes at 200 Oak Point Drive

Signature Bill Seckinger

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?_____

COMMONWEALTH OF MASSACHUSETTS
TOWN OF MIDDLEBOROUGH
BOARD OF SELECTMEN (BOARD OF HEALTH)

NOTICE OF BETTERMENT AGREEMENT August 16, , 20 11 .
NOTICE OF BETTERMENT

TO THE REGISTER OF DEEDS OF PLYMOUTH COUNTY

NOTICE is hereby given that the Board of Selectmen of the Town of Middleborough acting as a Board of Health pursuant to General Laws, Chapter 111, Section 127B 1/2 entered into a Betterment Agreement

Dated July 17,2011 with Daniel & Kristin Jasmin Callahan
(insert date) (insert name(s) of property owner(s)

with respect to real estate located at 146 Wareham Street
(insert address of property)

in Middleboro, Massachusetts and described in a deed recorded in the Plymouth County Registry of Deeds in Book 39890 , Page 346
(insert book and page)

or filed as Document Number _____ with the Plymouth
(insert document number of deed)

District of the Land Court. The purpose of the Betterment Agreement is to authorize and enable the aforesaid property owner(s) to cause the said property to be serviced properly

Commonwealth of Massachusetts
County of Plymouth

On This _____ day of _____20_____ before me the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification which was _____ to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose(s).

_____ **(Seal)**
Signature of Notary **My commission expires:**
Jacqueline M. Shanley