

NEW BUSINESS

3-22-10



Nemasket River Productions

17 March 2010

BY HAND

Board of Selectmen
Town Hall
Nickerson Avenue
Middleborough, MA 02346

RE: Auditorium Rental Request for Spring Show

Dear Board Members:

Please find enclosed NRP's rental application, insurance certificate and check for \$100 deposit. We are requesting the use of the auditorium for our spring show, *The Dixie Swim Club*. The dates we are requesting are from **Saturday, April 10th** (for set up) through **Sunday, May 2nd** (breakdown). In addition to our usual Friday & Saturday night performances we would like to add two Sunday night performances, April 18th and April 25th from 6:30-9:30pm.

We would also like to request permission to put up our Playbill sign on the Town Hall Lawn from April 3rd through May 2nd.

Thank you

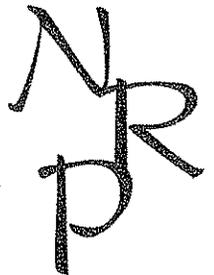

Merrie J. Mizaras
Producing Artistic Director

2010 Board of Trustees

Tracy Renee Miller
Merrie J. Mizaras
Eleanor Osborne
Dr. Rober Rashid
Neal Rosenthal

77 South Main Street - Middleborough, MA 02346

www.nemasketriverproductions.com



APPLICATION AND UTILIZATION AGREEMENT
TOWN HALL
MIDDLEBOROUGH, MASSACHUSETTS

PLEASE SUBMIT PAYMENT WITH APPLICATION

DATE OF APPLICATION 17 MARCH 10

ORGANIZATION/INDIVIDUAL NEMASKET RIVER PROD

ADDRESS 77 S. MAIN ST

CITY, STATE, ZIP MIDDLEBORO TEL # 608 472 9467

CO-APPLICANT (BARTENDING SERVICE) BARTENDING SERVICES OF N.E.

OWNER NAME BILL FULLER

ADDRESS THATCHER'S ROW

CITY, STATE, ZIP MIDDLEBORO TEL # 508-947-3036

DATE(S) OF EVENT APRIL 16, 17, 18, 23, 24, 25, 30 & MAY 1ST APPROXIMATE NUMBER OF PARTICIPANTS 400

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

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

BRIEFLY DESCRIBE TYPE OF ACTIVITY THEATRICAL PRODUCTION

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 _____ 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 STAGING, FREE STANDING CURTAIN POLES, LIGHTING TREES & TRUSS

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

Rental Deposit (Bond) \$100.00 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 _____

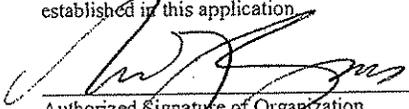
Signature of Volunteer _____

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

I/we _____ hereby acknowledge return of our \$100.00 bond payment.

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


Signature of Owner - Co-Applicant (Bartending Service)

MEDICINE MIZAKAS
Name ---Please Print

WILLIAM FULLER
Name—Please Print

BARTENDING SERV of NE
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.)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2010

PRODUCER (508) 651-7700 FAX (508) 653-8089
Eastern Insurance Group LLC - Commercial
233 West Central Street
Natick, MA 01760
Select Dept Ext 66807

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Nemasket River Productions
c/o Merrie Mizaras
77 South Main Street
Middleboro, MA 02346

INSURER A: Harleysville Worcester Ins Co	26182
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	GL9G2113	01/27/2010	01/27/2011	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
		MED EXP (Any one person)				\$ 5,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
		GENERAL AGGREGATE				\$ 2,000,000	
		PRODUCTS - COMP/OP AGG				\$ included	
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Spring Show: April 10 - May 01, 2010

CERTIFICATE HOLDER

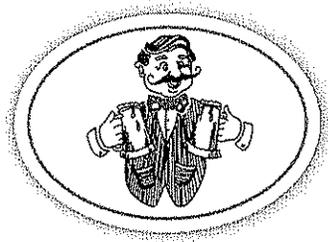
Town of Middleboro
One Nickerson Avenue
Middleboro, MA 02346

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Mary Steinman



The Bartending Service of New England, LLC.
P.O.Box 425, Middleboro, MA 02346
William H. Fuller -owner
Office- 508-947-9520/508-923-4744
Cell - 508-400-1709 Fax - 508-923-4784
Email - bill@thebartendingservice.com

Board of Selectmen
Nickerson Ave.
Middleborough, MA. 02346

Honorable Board:

This letter serves as a request for a special beer and wine one day license. The event is the Nemasket River Productions play and is being held in the Town Hall Auditorium. The date of the event is April 10, 2010 and the hours of service are from 7:00 p.m. until 10:00 p.m. The expected number of guests is 50-75

Copies of the appropriate insurance binders are on file with the Town.

If there are any questions or concerns, please do not hesitate to contact me.

Sincerely,

William H. Fuller
President
The Bartending Service of New England, LLC



CERTIFICATE OF LIABILITY INSURANCE

OP ID LB
BARTE-1DATE (MM/DD/YYYY)
03/17/10

PRODUCER
Anderson Cushing Ins Agency
 Div. of Farrell Backlund LLC
 PO Box 549
 Middleboro MA 02346
 Phone: 508-947-3036 Fax: 508-947-6182

INSURED
**The Bartending Service of
 New England LLC**
 PO Box 425
 Middleboro MA 02346

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Insurance Company	
INSURER B: ACE American Ins Co	22667
INSURER C: Evanston Insurance Company	
INSURER D: Aspen Specialty Insurance Co	
INSURER E:	

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A	X	GENERAL LIABILITY	CPS1107108	03/01/10	03/01/11	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blkt Add'l Ins GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
C		EXCESS / UMBRELLA LIABILITY	XONJ321510	03/01/10	03/01/11	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0				AGGREGATE \$ 1,000,000 \$ \$ \$	
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	C46263273 MA	03/01/10	03/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				Y/N <input checked="" type="checkbox"/> Y	E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D		Liquor Liability	CPX016310	03/01/10	03/01/11	Per Pers 1,000,000	
		Blkt Add'l Insured				Per Occ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Bartending Service. William H Fuller is excluded from coverage under Workers Compensation policy. Town of Middleboro is an Additional Insured for General and Liquor Liability, when required by written contract for event to be held at the Town Hall Auditorium on Nickerson Ave 4/10/10 from 7:00 to 10:00 p.m.

CERTIFICATE HOLDER

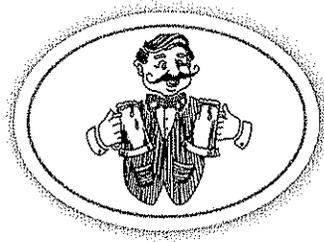
MIDDLEB

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 10 Nickerson Ave
 Middleboro MA 02346

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Janetta J. Brown



The Bartending Service of New England, LLC.
P.O.Box 425, Middleboro, MA 02346
William H. Fuller -owner
Office- 508-947-9520/508-923-4744
Cell - 508-400-1709 Fax - 508-923-4784
Email - bill@thebartendingservice.com

Board of Selectmen
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Middleborough, MA. 02346

Honorable Board:

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Copies of the appropriate insurance binders are on file with the Town.

If there are any questions or concerns, please do not hesitate to contact me.

Sincerely,

William H. Fuller
President
The Bartending Service of New England, LLC



CERTIFICATE OF LIABILITY INSURANCE

OP ID LB
BART-1

DATE (MM/DD/YYYY)

03/17/10

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						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		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)	\$
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						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D		OTHER Liquor Liability Blkt Add'l Insured	CPX016310	03/01/10	03/01/11	Per Pers	1,000,000
						Per Occ	1,000,000

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CERTIFICATE HOLDER

MIDDLEB

Town of Middleboro
Board of Selectmen
10 Nickerson Ave
Middleboro MA 02346

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Janita J. Brown

**WARRANT FOR ANNUAL TOWN ELECTION
APRIL 3, 2010**

To: Eileen S. Gates, Town Clerk of the Town of Middleborough:

Greetings:

In the name of the Commonwealth of Massachusetts, you are hereby required to notify and warn all the inhabitants of said Town, qualified to vote in Town affairs, the voters of Precincts 1 to meet at the Oak Point Club House, 202 Oak Point Drive, Precincts 2, 4 and 6 at the Middleborough High School Gymnasium, 71 East Grove Street, Precinct 3 at the South Middleborough Fire Station, 566 Wareham Street, Precinct 5 at the Council on Aging, 558 Plymouth Street, of said Town, on Saturday, April 3, 2010, from 8 A.M. to 8 P.M. to choose all necessary Town Officers, the following Officers to be voted on one ballot viz:

TWO SELECTMEN FOR THREE YEARS
TWO GAS AND ELECTRIC COMMISSIONERS FOR THREE YEARS
TWO SCHOOL COMMITTEE MEMBERS FOR THREE YEARS
ONE ASSESSOR FOR THREE YEARS
TWO FINANCE COMMITTEE MEMBERS FOR THREE YEARS
ONE PLANNING BOARD MEMBER FOR FIVE YEARS
ONE PARK COMMISSIONER FOR THREE YEARS
ONE HOUSING AUTHORITY MEMBER FOR FIVE YEARS

QUESTION ONE

“Shall the Town of Middleborough be allowed to assess an additional \$2,400,000.00 in real estate and personal property taxes for the purposes of funding the operating budget of the School Department for the fiscal year beginning July first, two thousand and ten?”

Given under our hands at Middleborough, this 22nd day of March 2010, A.D.

Patrick E. Rogers

Marsha L. Brunelle

Muriel C. Duphily

Stephen James McKinnon

Alfred P. Rullo, Jr
Selectmen of Middleborough .

Pursuant to the instructions contained in the above Warrant, I have notified and warned all 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 March 2010, that date being more than seven days before the time specified for said Meeting.

Bruce D. Gates, Police Chief



Timothy P. Cahill
Treasurer and Receiver General

Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
Telephone: (617) 727-3040
Fax: (617) 727-1258

Kim S. Gainsboro
Chairman

TO: Local Licensing Authorities

FROM: Ralph Sacramone, Executive Director

RE: Population Estimates for Seasonal Licenses in 2010

DATE: October, 2009

Your attention is directed to M.G.L. Ch. 138 s17, which provides that an estimate of temporary increased resident population shall be made prior to March first, in any year. This population estimate is used to establish a quota of seasonal package goods stores licensed under M.G.L. c. 138 §15. Enclosed is a form to be used for this purpose.

Please complete and return the enclosed form to this office by March 31, 2010. You should be aware that in the absence of this estimate, no seasonal package store license may be granted.

If you have any questions regarding this information or process, please contact myself or Dorothy Mac Adams at ext. 20 or Hurshel Langham at ext. 19.

TOWN: MIDDLEBOROUGH

DATE: 3/22/10

Alcoholic Beverages Control Commission
239 Causeway Street
Boston, Massachusetts 02114

To the members of the Alcoholic Beverages Control Commission:

Acting under authority contained in M.G.L. Ch. 138, §17, as amended the undersigned local
licensing authority at a meeting
held 3/22/10, estimated that the
(Date of Meeting)

Temporary increased resident population of Town of Middleborough
(City or Town)

As of July 10, 2010 will be 22,938
(Estimate Resident Population)

This estimate was made and voted upon by the undersigned at a meeting called for the purpose,
after due notice to each of the members of the time, place, and purpose of said meeting, and after
investigation and ascertainment by us of all the facts and after cooperative discussion and
deliberation. The estimate is true to the best of our knowledge and belief.

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY.

Very truly yours,

Local Licensing Authorities

THIS CERTIFICATION MUST BE SIGNED BY A MAJORITY OF THE MEMBERS OF THE
LOCAL LICENSING AUTHORITIES.