

**Select Board
Hearing Room
Stoneham Town Hall
35 Central Street
Tuesday, February 4, 2020
7:00 P.M.**

ITEM	TIME	DESCRIPTION	DISPOSITION
Open Session (Hearing Room)			
1	7:00 p.m.	Pledge of Allegiance	
2		Census 2020 Announcements	
3		Boys and Girls Club of Stoneham and Wakefield	
Citizens' Comments			
4		Citizens' Comment	
Regular Business			
5		Approve Minutes: 1/21/20 (vote required)	
6		Appointment to High School Building Committee: Brian McNeil (vote required)	
7		Livery Permit/License Application – Mehmet S. Cinar (vote required)	
8		Common Victualler/Entertainment License – Honey Dew Donuts (vote required)	
Liquor Licensing Authority			
9		Special One Day License – Summit Financial Partners – 1/21/20 (vote required)	

Regular Business

10 Designation of Special Municipal Employees
(cafeteria employees; election workers;
senior/veteran work-off/traffic
directors/summer interns/seasonal DPW
workers) (vote required)

Town Administrator

11 Town Administrator's Report – Dennis Sheehan

Miscellaneous

12 Non-Deliberative Announcements and Scheduling

Executive Session

13 To discuss the release of Executive Session
Materials pursuant to Mass. Gen L. c. 30A
sec. 21

**Minutes - Open Session
Select Board
Hearing Room
Stoneham Town Hall
35 Central Street
Tuesday, January 21, 2020
7:00 p.m.**

Open Session (Hearing Room)

Members Present: Chair Shelly MacNeill, Vice Chair Raymie Parker, Clerk George Seibold, Heidi Bilbo, Caroline Colarusso

Also Present: Town Administrator Dennis Sheehan, DPW Director Brett Gonsalves, Recreation Director Steve Angelo

Call to Order: Chair MacNeill called the meeting to order at 7:00 p.m. (To view this meeting in its entirety go to Stoneham TV on Demand available from the Town's homepage at www.stoneham-ma.gov)

Agenda Item 1: Pledge of Allegiance

Agenda Item 2: Census 2020 Announcement MacNeill gave an informational presentation on the 2020 Federal Census.

Agenda Item 3: Boys and Girls Club of Stoneham and Wakefield This item was moved to the next agenda.

Agenda Item 4: Citizens' Comment No comments were made.

Agenda Item 5: Approve Minutes Parker stated that there was a correction under the "Also Present" paragraph. Parker moved to approve the minutes of 1/14/20 as corrected. Bilbo seconded the motion. Voted unanimously.

Agenda Item 6: Public Hearing: NSTAR Electric Company d/b/a Eversource Energy and Verizon New England – Wright Street Parker read the notice of public hearing. Jackie Duffy from Eversource appeared and described the installation of a replacement pole on Wright Street. Gonsalves stated that he had no concerns with the project proceeding at the Wright Street location. Parker stated that she wanted to make certain that Chief Grafton's concerns regarding proximity to hydrants were met with this installation. Robert Collins of 4 Wright Street stated that he has no concerns about the pole location, but continues to be concerned with the two cars that his neighbor has parked near the pole. Sheehan stated that this is the first time he is hearing about this and it is part of a larger issue about how the Town is handling unregistered vehicles.

Lynn Collins of 4 Wright Street asked if Comcast had been notified about the pole. Duffy stated that the installation does not involve Comcast and there should be no disruption. Parker asked if there was any progress on the double pole issue in Town. Duffy stated that she will look into it, but that there is a meeting on the Spring/Pleasant Street pole removal this week. Colarusso stated that she believes that the removal of double poles is part of the MOU with Eversource. Colarusso requested that the TA update the Board on all unresolved issues with Eversource. Seibold moved to approve the Grant of Location. Robert Haggerty of 1 Winthrop Street stated that 2 years ago a tree from Collins' property fell on his house. Parker seconded Seibold's motion. Voted unanimously.

Seibold moved to enter into the Liquor Licensing Authority to return to the Select Board. This motion was seconded by Colarusso. A roll call vote was taken.

Voting in favor:

Shelly MacNeill
Raymie Parker
George Seibold
Heidi Bilbo
Caroline Colarusso

Motion passes (5-0)

Agenda Item 7: Public Hearing: 99 Restaurants & Pub/Change of Officer and Change of Beneficial Interest Parker read the notice of public hearing. Kilbride stated that this a revote on the inverted process that was voted on by the Board in December. She stated that the ABCC requested that the matter be advertised. Seibold moved to approve the application for change of officer and change of beneficial interest. Parker seconded the motion. A roll call vote was taken.

Voting in favor:

Shelly MacNeill
Raymie Parker
George Seibold
Heidi Bilbo
Caroline Colarusso

Motion passes (5-0)

Colarusso moved to exit the Liquor Licensing Authority and return to the Select Board. This motion was seconded by Parker. A roll call vote was taken.

Voting in favor:

Shelly MacNeill
Raymie Parker
George Seibold
Heidi Bilbo
Caroline Colarusso

Motion passes (5-0)

Agenda Item 8: Town Common/Town Land Regulation Update Angelo presented an updated version of the application for use of Town Common. He stated that this was the first of many conversations on how to monitor and maintain Town property. Angelo stated that there has been a huge uptick in use of the common and there needs to be a balance of accessibility and protection. He stated that the application and the regulations need to be consistent and events need to be coordinated.

MacNeill thanked Angelo, Bilbo, and Parker for their work. She stated that that the common is an amazing asset for the Town, but that it needs to be managed and maintained. She asked for clarification on utilization for groups such as the Chamber and the Farmers Market. Sheehan stated that if the event is Town sponsored then it will be treated separately. Colarusso stated that the Town needs to be careful in making the determination as to attaching fees to some and not all stating that if there is a taxpayer who would like a private birthday party they may be discouraged if they need to pay a fee for use. She stated the common must be free for all and you cannot pick and choose. Sheehan clarified that passive recreation would not disallow others from using the common and is much different from a private event. MacNeill stated that passive recreation versus the private use of the common should be clearly defined. Seibold stated that if outside groups come in to use the common, he can see charging a fee.

Sheehan stated that the Town has to take care of its resources and must take into account electricity use, trash collection, DPW overtime, police and fire details, and having a point person for events. Angelo stated that everyone is willing to help, but it cannot become an eyesore and one person cannot handle every event. Sheehan stated that some fees could go into a revolving fund for electricity use and the rest of would be pass through to cover police, etc. MacNeill stated that we can look to the schools to see how they charge for events and be consistent.

Parker stated that she has a great appreciation for the fact that the public should be able to use the common. However, she would like people to consider that if they are using Town Hall, the field house, or gyms there are required fees that cover wear and tear. Bilbo stated that if someone has to be available for the space to be used then they have to be paid and that must be considered. Colarusso stated that fees will be a mental deterrent and that this should be reconsidered in the fall. Parker suggested that the Board members edit the draft application and send it to Kilbride. MacNeill stated that there may need to be public hearings on the issue.

Agenda Item 9: Bring Your Own Bottle Update This item was moved to the next agenda.

Agenda Item 10: Appointment to Council on Aging Parker thanked Denise Kneeland for her willingness to serve. Parker moved to appoint Kneeland to the Council on Aging. Colarusso seconded the motion. Voted unanimously.

Agenda Item 11: Common Victualler's License – Stoneham House of Pizza Parker moved to approve the new Common Victualler's License for Stoneham House of Pizza. Bilbo seconded the motion. Voted unanimously.

Agenda Item 12: Appointment of Stoneham Republican Town Committee Election Officers Parker moved to appoint Nancy Howard, Keri Bouthiller, Mary Lou Bracciotti, and

Joshua DiChiara to the positions of warden, deputy warden, inspector, and deputy inspector for the Republican Town Committee. Bilbo seconded the motion. Voted (4-0-1) with Colarusso abstaining.

Agenda Item 13: Set Date for Presidential Primary Parker moved to set the date of 3/3/20 from 7:00 a.m. to 8:00 p.m. for the presidential primary. Colarusso seconded the motion. Voted unanimously.

Agenda Item 14: Select Board Policies MacNeill stated that the policies have been before the Board approximately six times and reviewed by Town Counsel. Seibold moved to accept the policies. Colarusso stated that she is concerned about the Chair making a determination about the placement of citizens' comment. MacNeill stated that it is her intention to leave it after the beginning, but there must be some flexibility and she does not want to tie the hands of future boards. Colarusso stated that she is also concerned about removal of Board members and the public for unbecoming behavior. MacNeill stated that number 14.4 should have been edited to remove the language. Colarusso stated that the language on personal attacks is too far reaching. MacNeill stated that she was not willing to remove that. MacNeill asked if there were other concerns. Bilbo stated that the policies have been before the Board on numerous occasions and she has no further concerns. Seibold moved to accept the policies with the change to 14.4. Parker seconded the motion. Voted (4-1) with Colarusso voting against.

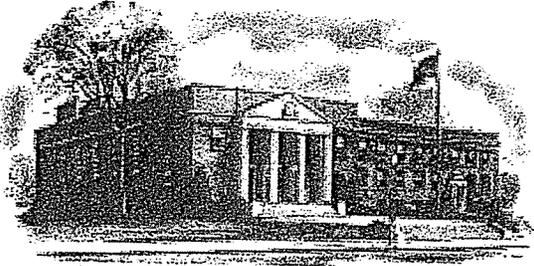
Agenda Item 15: Town Administrator's Report. Sheehan stated that Maureen Canova, Erin Wortman, and he will be meeting regarding the implementation of age friendly initiatives. He stated that 4/4/20 the Town will be hosting a Stoneham 101 at the library. Colarusso requested a description. MacNeill stated that she is still interested in getting a citizens academy started. Sheehan thanked DPW for doing a great job with snow removal on Saturday.

Agenda Item 16: Miscellaneous Colarusso requested that Sheehan send her the water and sewer reports that she has been requesting.

Colarusso moved to adjourn. Bilbo seconded the motion. Voted unanimously.

Respectfully submitted,

Dava Kilbride – Office Manager



James T. McIntyre
Chief of Police

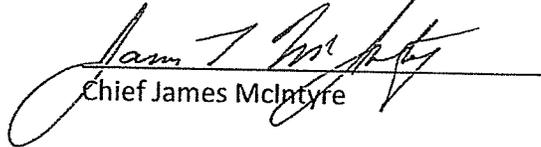
Town of
STONEHAM

47 CENTRAL STREET
MASSACHUSETTS
02180-2044

POLICE DEPARTMENT
(781) 438-1215, extension 3130
FAX (781) 507-2598

TO: Chairwoman Shelly MacNeil

FROM:


Chief James McIntyre

DATE: January 20, 2020

SUBJECT: Application for Vehicle License – Cinar Limousine, LLC.

The Stoneham Police Department has received the Application for Vehicle License, submitted by Mehmet S. Cinar, seeking to operate Cinar Limousine, LLC. After reviewing the application, I offer no objections to the issuance of this livery license.

Should the Selectboard issue the livery license, Mr. Cinar would need to contact the Stoneham Police Department's Safety Officer to have the vehicle inspected and submit to me a copy of the waybill to be used to record each trip.

Please feel free to contact me should you have any additional questions.

cc: Safety Officer J. Ponzo

Town of Stoneham
Vehicle for Hire (Taxi, Livery and Limousine)
Application for Vehicle(s) License

TOWN OF STONEHAM
BOARD OF SELECTMEN
2019 DEC 20 A 10:11

Please submit all License applications for Vehicle(s) to the Stoneham Board of Selectmen.
Applications must include the following information:

Indicate if License is: New Transfer
 Renewal

List type of License applying for:
 Taxi Limousine
 Livery

Number of Vehicles: 1

Address Where Vehicles are to be Garaged: 45 Calthea St. Stoneham, MA

Name of applicant authorized to apply for license: Mehmet S. Cinar

Business Name (legal): CINAR LIMOUSINE LLC dba: -

Address of premises to be licensed (include zip code): 45 Calthea St. Stoneham, MA 02180

Mailing address (if different than above address): _____

Business Phone Number: 774 283 1976 Email: suskun21@gmail.com

Federal EIN Number (FEIN) 84-3899216

Social Security (if applicable) 082-98-3060

DBA Certificate (dba) if doing business under another name. DBA Certificates are obtained from the Town Clerk. Evidence of Good Standing from the Secretary of State Corporations Division - applicable to Corporations and LLCs.

Please check one of the following as applicable:

- own premises
- lease premises
- property under P&S

\$100 per vehicle
\$25 1st time fee

- license - vehicle
- license / permit
- new york 0021@hotmail.com
- 389-927-1980

Name and address of property owner if different from license holder:

Mehmet Cinar 45 Calthes St. Stoneham, MA
Name Address

Attach copy of Lease and/or Purchase and Sales Agreement if applicable to place of business:

Do you currently hold a similar license? Yes No

If yes, where: _____

Have you previously applied for a license? Yes No

If yes, where: _____

Have you ever had a license revoked? Yes No

If yes, please indicate why: _____

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

Date: 12/20/2019 Signature: _____

I certify that I have read through the conditions included with this License Application.

I hereby authorize the Board of Selectmen as Licensing Authority or its agent(s) to make inquiry or investigation, as needed, to verify the information contained in this application.

Date: 12/20/2019 Signature: _____

Chief of Police	Building Inspector

Please contact the Selectmen's Office at (781) 279-2680 if you have any questions regarding application form.

STONEHAM HOUSING AUTHORITY

LEASE ADDENDUM

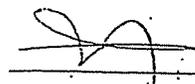
The lease, as executed on 11/14/14, between Mehmet Cinar (Tenant) and the Stoneham Housing Authority (SHA) is hereby extended under the same conditions as the original lease mentioned above, with the exception of the following amendment(s):

(a) Section II. A. RENT

The rent for the extension period shall be \$ 289.00 per month, effective and payable on or before the first (1st) day of each month, commencing on 12 /01 /2019.

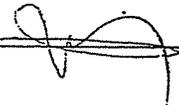
(b) Section I. DESCRIPTION OF THE PARTIES AND THE LEASED PREMISES (authorized members of tenant household)

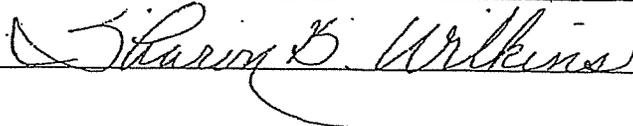
Except as otherwise provided in the lease, the leased premises shall be occupied by the following named individuals only:

<u>Mehmet Cinar</u>	
<u>Emine Cinar</u>	
<u>Berfin Cinar</u>	
_____	_____

All other conditions of the original lease and addenda except those changed by separate subsequent addendum such as monthly rent and authorized occupants, shall remain in effect.

Executed this _____ day of _____, 20_____.

Tenant: 

LHA: 



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: CINAR LIMOUSINE LLC

Address: 45 Calthea St. #3

City/State/Zip: Stoneham, MA 02180 Phone #: 774-283-1976

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input checked="" type="checkbox"/> Other <u>LIVERY</u></p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 12/20/2019

Phone #: 774-283-1976

<p>Official use only. Do not write in this area, to be completed by city or town official.</p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
Contact Person: _____	Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

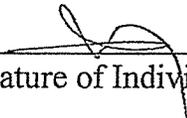
The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.



*Signature of Individual

By: Corporate Officer

84-3899216

**Social Security # Voluntary
Or Federal Identification Number

- * This license will not be issued unless this certification clause is signed by the applicant.
- ** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973



Massachusetts Criminal Offender Record Information (CORI)

To Whom It May Concern:

The Massachusetts Department of Criminal Justice Information Services (DCJIS) has conducted a computerized search of the Criminal Offender Record Information database.

The attached is a true copy of matching information from the CORI database for CINAR, MEHMET S and date of birth 03/01/1976.

Signed under the penalties of perjury this 9th day of December 2019.

Norma Marquez
Massachusetts Department Criminal Justice Information Services



Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 12/09/2019 11:41 as the response to your request submitted on 12/09/2019 11:37 with the following details:

Request Details

Request ID: E19PER-01387316	Request Date/Time: 12/09/2019 11:37
Name: CINAR, MEHMET S	
Former Last Name(s):	
Date of Birth: 03/01/1976	SSN: ***-98-3060
PCF Number:	
Sex: MALE	Race: White
Father's Name: CINAR, SEYDO	Mother's Name: CINAR, SALIHA (AKGUN)

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973



Massachusetts Criminal Offender Record Information (CORI)

The information contained in this response is the result of an exact match of the subject's name, date of birth, and last six digits of his or her social security number (if applicable), as submitted by the requestor, to information contained in the Massachusetts CORI database. In its discretion, the DCJIS may use the information provided by the requestor to match to other fields on the iCORI report including, but not limited to, a former name or alias field. The requestor is responsible for verifying the subject's identifying information with an acceptable type of government-issued identification at the time of its submission to the DCJIS, as well as for verifying that the identifying information contained in this record relates to the subject.

This report contains only criminal offender record information that is maintained in the Massachusetts CORI database and does not contain criminal offender record information from other states or sources. This response contains only that CORI to which the requestor is statutorily entitled, based on information provided by the requestor at the time of request.

The information contained in this CORI report is created and provided by entities other than the DCJIS. The DCJIS is not responsible for incorrect or incomplete information contained herein, or for any omissions from the contributing entities.

This CORI report is confidential. Any unauthorized access to, or dissemination of this document or the information contained therein is subject to the civil penalties set forth in M.G.L. c. 6, §168, and the criminal penalties set forth in M.G.L. c. 6, §178. Civil penalties include suspension or revocation of CORI access and monetary fines up to \$5,000 for each violation. Criminal penalties include monetary fines up to \$50,000, incarceration in a house of correction for up to one year, or both a fine and incarceration.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2019

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 have ADDITIONAL INSURED provisions or 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 Lighthouse Insurance Agency, Ltd 470 West Broadway South Boston MA 02127	CONTACT NAME: PHONE (A/C, No, Ext): (617) 464-3777 FAX (A/C, No): (617) 464-3888 E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A: PROGRESSIVE CASUALTY INSURANCE COMPANY</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: PROGRESSIVE CASUALTY INSURANCE COMPANY		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: PROGRESSIVE CASUALTY INSURANCE COMPANY															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED MEHMET SERIF CINAR DBA CINAR LIMOUSINE LLC 45 CALTHEA ST STONEHAM, MA 02180-1274															

COVERAGES **CERTIFICATE NUMBER:** CL19121940353 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			01554020-0	12/19/2019	12/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is also Additional Insured.
 2019 CADI XTS VIN#2G61R5S38K9118811 - LV87422

CERTIFICATE HOLDER Town of Stoneham 35 Central Street Stoneham MA 02180	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 <div style="text-align: right; font-family: cursive; font-size: 1.2em;"> Brian Baucher </div>
---	---



Commonwealth of Massachusetts
Town of Stoneham

BUSINESS CERTIFICATE

NUMBER: B- 4152

DATE: December 10, 2019

EXPIRATION DATE: December 10, 2023

In Conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the

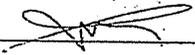
Title of Cinar Limousine LLC

is conducted at 45 Calthea Street

in the Town of Stoneham, Massachusetts

<u>Full Name.</u>	<u>Residence</u>
<u>Mehmet S. Cinar</u>	<u>45 Calthea Street Stoneham, MA 02180</u>
_____	_____
_____	_____
_____	_____

Signed:



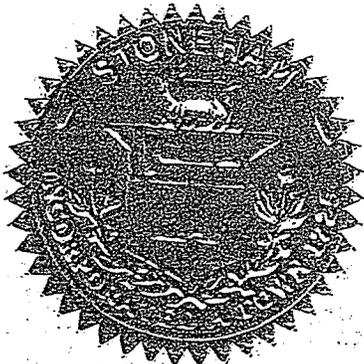
The Commonwealth of Massachusetts

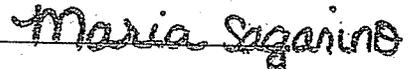
Middlesex, ss.

Date: 12/10/2019

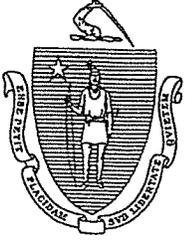
Personally appeared before me the above named Cinar Limousine

And made oath that the foregoing statement is true.



Signed: 

Title: Town Clerk



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

December 9, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

CINAR LIMOUSINE LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 7, 2019.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
MEHMET S CINAR

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MEHMET S CINAR**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MEHMET S CINAR**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

MASSACHUSETTS DRIVER'S LICENSE

01/22/2019 SS4807778
 03/01/2024 03/01/1976

MC723 CLASS NONE
 D NONE

CINAR
 MENNETSERIF
 450 ALTHEAST
 STONEHAM, MA 02180-1274

18 EYES BRO
 15 SEX M HGT 5-05
 500 01/22/2019 Rev 07/22/2015 03/01/76

1922348
 0778601

www.mass.gov/mv
 MA 02222016

03/01/1976
 CLASS -
 D: Small vehicle less than
 26,001 lbs, except school
 bus.

ENDORSEMENTS -
 NONE

RESTRICTIONS -
 NONE

CHANGE OF ADDRESS: PRINT BELOW. PERMANENT RES.



CERTIFICATE OF REGISTRATION
M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE LVN		REGISTRATION TYPE Livery Normal		PLATE NUMBER LV87422	EFFECTIVE DATE 11-Dec-2019	TITLE NUMBER CA277573	EXPIRES 0	28-Feb-2021
MODEL YEAR 2019	MAKE CADI	MODEL XTS	MODEL NUMBER XTS	BODY STYLE SEDAN	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 2G61R5S38K9118811		
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER		
GARAGE ADDRESS 45 CALTHEA ST STONEHAM MA 02180-1274						US DOT NUMBER FOR COMMERCIAL VEHICLE		
NAME(S) OF OWNER(S) AND MAILING ADDRESS MEHMET SERIF CINAR 45 CALTHEA ST STONEHAM MA 02180-1274						INSURANCE COMPANY PROGRESSIVE CASUALTY INSURANCE COMPANY		
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE 5		
						<i>James Jenks</i> Registrar of Motor Vehicles		
SPECIAL MESSAGE					CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE			

Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit mass.gov/rmv to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at mass.gov/rmv for more information.
- **Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Skip the Line - Go Online! Visit Mass.Gov/RMV for list of available transactions.

Kilbride, Dava

From: Noble, Cheryl
Sent: Monday, January 13, 2020 9:35 AM
To: Kilbride, Dava
Subject: RE: Livery License

Thank you. The building department does not object.

Cheryl

From: Kilbride, Dava
Sent: Monday, January 13, 2020 9:32 AM
To: Mehmet Şerif cinar <newyork0021@hotmail.com>
Cc: McIntyre, James <jmcintyre@stoneham-ma.gov>; Sinclair, Erin <esinclair@stoneham-ma.gov>; Noble, Cheryl <cnoble@stoneham-ma.gov>
Subject: RE: Livery License

Mehmet,

Thank you for the information given below. Please provide the Board with a complete list of your anticipated hours of operation.

With respect to the inspection of your vehicle, that will be completed with the Stoneham Police Department following your initial licensing hearing with the Select Board. As to your inquiries about licensure and permitting. The vehicle is licensed and operator is permitted, but it is the really completed as one process.

With respect to your questions on signage, you will need the name or trade name of the licensee and the "Stoneham" on both sides of the vehicle in four inch letters.

Thank you.

Dava F. Kilbride
Office Manager – Stoneham Select Board
dkilbride@stoneham-ma.gov | www.stoneham-ma.gov
p: 781-279-2680
f: 781-279-2681

From: Mehmet Şerif cinar [<mailto:newyork0021@hotmail.com>]
Sent: Friday, January 10, 2020 5:33 PM
To: Kilbride, Dava <DKilbride@stoneham-ma.gov>
Subject: Re: Livery License

Hi

1. I will work nighttime hours
2. Yes
3. Parking space provided by SHA

For Inspection, Did you send my application to Police Department or just Can I go directly for inspection?
Thank you. Also for Livery Do I need magnetic sign and It needs to be writing Stoneham just.

Gönderen: Kilbride, Dava <DKilbride@stoneham-ma.gov>
Gönderildi: 10 Ocak 2020 Cuma 16:20
Kime: newyork0021@hotmail.com <newyork0021@hotmail.com>
Konu: Livery License

Mehmet:

As we continue to review your livery application, please provide the following information:

1. Please list your proposed hours of operation.
2. Is the vehicle you will be using also your primary vehicle?
3. Will the vehicle be parked in a driveway, on the road, in a parking lot, or in a parking space provided by SHA?

Please also be aware that your vehicle must be inspected by the Stoneham Police Department and you must also have painted or magnetic signs for both sides of the vehicle (see Town Code). Thank you.

Dava F. Kilbride
Office Manager – Stoneham Select Board
dkilbride@stoneham-ma.gov | www.stoneham-ma.gov
p: 781-279-2680
f: 781-279-2681

Confidentiality Notice

This electronic message and any attached files contain information from the Town of Stoneham that may be privileged and/or confidential. The information is intended for the recipient named above, and use by any other person is not authorized. If you are not the intended recipient, any disclosure, distribution, copying or use of this information is strictly prohibited. If you have received this message in error, please notify the sender by e-mail immediately. Also, please be advised that the Secretary of State's office has determined that most e-mails sent to and from municipal officials are considered to be public records and consequently may be subject to public disclosure.

Kilbride, Dava

From: Ponzo, Joseph
Sent: Monday, January 13, 2020 12:06 PM
To: McIntyre, James; Kilbride, Dava
Subject: Re: Livery License

Dava,

Please pass along my email so I could schedule a vehicle (s) inspection. Thank you

Joe

On Jan 13, 2020, at 12:02 PM, McIntyre, James <jmcintyre@stoneham-ma.gov> wrote:

FYI – Mehmet is applying for a livery license in Stoneham.

Chief James McIntyre

From: Kilbride, Dava
Sent: Monday, January 13, 2020 9:32 AM
To: Mehmet Şerif cinar <newyork0021@hotmail.com>
Cc: McIntyre, James <jmcintyre@stoneham-ma.gov>; Sinclair, Erin <esinclair@stoneham-ma.gov>; Noble, Cheryl <cnoble@stoneham-ma.gov>
Subject: RE: Livery License

Mehmet,

Thank you for the information given below. Please provide the Board with a complete list of your anticipated hours of operation.

With respect to the inspection of your vehicle, that will be completed with the Stoneham Police Department following your initial licensing hearing with the Select Board. As to your inquiries about licensure and permitting. The vehicle is licensed and operator is permitted, but it is the really completed as one process.

With respect to your questions on signage, you will need the name or trade name of the licensee and the "Stoneham" on both sides of the vehicle in four inch letters.

Thank you.

Dava F. Kilbride
Office Manager – Stoneham Select Board
dkilbride@stoneham-ma.gov | www.stoneham-ma.gov
p: 781-279-2680
f: 781-279-2681

From: Mehmet Şerif cinar [<mailto:newyork0021@hotmail.com>]
Sent: Friday, January 10, 2020 5:33 PM
To: Kilbride, Dava <DKilbride@stoneham-ma.gov>
Subject: Re: Livery License

Hi

1. I will work nighttime hours
2. Yes
3. Parking space provided by SHA

For Inspection, Did you send my application to Police Department or just Can I go directly for inspection? Thank you. Also for Livery Do I need magnetic sign and It needs to be writing Stoneham just.

Gönderen: Kilbride, Dava <DKilbride@stoneham-ma.gov>
Gönderildi: 10 Ocak 2020 Cuma 16:20
Kime: newyork0021@hotmail.com <newyork0021@hotmail.com>
Konu: Livery License

Mehmet:

As we continue to review your livery application, please provide the following information:

1. Please list your proposed hours of operation.
2. Is the vehicle you will be using also your primary vehicle?
3. Will the vehicle be parked in a driveway, on the road, in a parking lot, or in a parking space provided by SHA?

Please also be aware that your vehicle must be inspected by the Stoneham Police Department and you must also have painted or magnetic signs for both sides of the vehicle (see Town Code). Thank you.

Dava F. Kilbride
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TOWN OF STONEHAM

Town Hall- Board of Selectmen
35 Central Street, Stoneham, MA 02180

Telephone-

(781) 279-2680

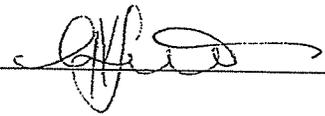
Application for Non-Liquor Licenses

Type of License	License Fee
<input type="checkbox"/> Automatic Amusement	\$20 per device
<input checked="" type="checkbox"/> Common Victualler's	<input checked="" type="checkbox"/> New: \$50 <input type="checkbox"/> Renew: \$25
<input type="checkbox"/> Jukebox	\$40
<input checked="" type="checkbox"/> Public Entertainment	\$40

Name of Business: Stoneham LGM LLC dba Honey Dew Donuts

Address of Business: 362 Main St Owner: Gláicy Dos Santos

Business Tel. No. _____ Home Tel. No. _____

Date: 01/27/2020 Signature: 

Floor space: 1,200 sq. ft. Parking Spaces (other than public lots): _____

No. of employees: _____ Manager name: Gláicy Dos Santos

Email of Owner: dossantos.glaicy Email of manager: lgm donuts@gmail.com
@ gmail . com

Please flip to next page →

- Insurance info

Hours of Operation: Days mon - sat Hrs. from 5am to 7pm

Days Sunday Hrs. from 6am to 6pm

Type of Amusement Device: Television

Type of Entertainment: radio television live music other: _____

Describe: TV / Cable

Applicant Certification

This section is to be completed by the applicant to verify that the applicant holds no outstanding debts to the Town. Pursuant to Sec. 2-60A S1-2 of the Town Code, "the licensing authority may deny, revoke or suspend any license or permit" of a party "that has neglected or refused to pay any local taxes, fees, assessments, betterments or other municipal charges for not less than a twelve (12) month period". **The applicant should receive dated signatures from each of the following departments:**

Treasurer's Office: _____ Date: _____

Police Department: _____ Date: _____

Fire Department: _____ Date: _____

Building Department: _____ Date: _____

For Office Use Only

Issued: _____ License No. _____

Paid: _____

Approval:

Fire Department: _____ Date: _____

Bldg. Inspector: _____ Date: _____

Police Department: _____ Date: _____

Health Department: _____ Date: _____

Kilbride, Dava

From: McIntyre, James
Sent: Friday, January 24, 2020 10:29 AM
To: Kilbride, Dava
Subject: RE: Summit Financial Partners One Day Liquor License Application

Good morning,

I offer no objections to the issuance of the special license and no police detail would be required.

Chief James McIntyre

From: Kilbride, Dava
Sent: Friday, January 24, 2020 9:12 AM
To: McIntyre, James <jmcintyre@stoneham-ma.gov>
Subject: FW: Summit Financial Partners One Day Liquor License Application

Hello, Attached for your approval is a one day application from Summit Financial Partners. They are hosting a corporate, adult only, event at St. Pat's. They are aware that they need to purchase all wine and beer from an approved vendor. The event is being held entirely indoors. Please let me know if you have any questions or concerns. Thank you.

Dava F. Kilbride
Office Manager – Stoneham Select Board
dkilbride@stoneham-ma.gov | www.stoneham-ma.gov
p: 781-279-2680
f: 781-279-2681

From: Marie Chiofolo [<mailto:mchiofolo@summitfinancialpartners.org>]
Sent: Tuesday, January 21, 2020 1:37 PM
To: Kilbride, Dava <DKilbride@stoneham-ma.gov>
Subject: Summit Financial Partners One Day Liquor License Application

Good afternoon Dava,

I have attached the completed Special Alcoholic Beverage License application for your review. Please let me know if all is in order or if you require further information.

Thank you for your assistance.

Warm Regards.

Marie



Summit Financial Partners

Marie Chiofalo

Office Manager

Summit Financial Partners

300 Trade Center – Suite 3400

Woburn, MA 01801

781.281.2287 Office

781.281.7276 Fax

www.Summitfinancialpartners.org



Licensing Board for the Town of Stoneham
(Return to the Board of Selectmen, 35 Central Street, Stoneham, MA 02180)

I hereby make application for a Special Alcoholic Beverage License for the purpose of selling and dispensing all kinds of alcoholic beverages or wines and malt beverages permitted by law at a

Corporate event

(State whether banquet, concert, picnic, etc.)

Which is to be held by Summit Financial Partners
(Name of organization)
a Financial organization, on the 21st day of February, 2020
(Fraternal, military, etc.)

between the hours of 5:30pm - 9:30pm at the following described place.

St. Patrick's Parish Center, 71 Central Street, Stoneham, MA

How many cases or bottles, etc., of all kinds of alcoholic beverages are to be sold?

15 cases Wine 10 cases Beer

How many people do you expect? 200

Are you charging admission fee? NO How Much? N/A

I certify that I am owner/President of the above-mentioned Organization, and that I will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages, and for any damage which may occur as a result of such use.

Signed: [Signature] Date: 01/21/2020

Home Address: 7 Doherty Lane, Stoneham, MA 02180

Telephone: 781-281-2287

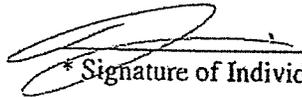
Police Department Recommendation: _____

Police Detail: Yes _____ No _____

Signed: _____

Name of Licensee: Ryan Skinner

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.


* Signature of Individual

By: Corporate Officer

46-436-4948
** Social Security # Voluntary
or Federal Identification Number

- This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

10/10/2010 10:00:00 AM



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Summit Financial Partners

Address: 300 Trade Center Drive, Suite 3400

City/State/Zip: Woburn, MA 01801 Phone #: 781-281-2287

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>3</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input checked="" type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
--	--

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 **If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Travelers Insurance Co.

Insurer's Address: PO Box 56

City/State/Zip: Hartford, CT. 06102

Policy # or Self-ins. Lic. # UB-0052542715 Expiration Date: 01/08/2021

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 01/21/2020

Phone #: 781-281-2287

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/20

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 have ADDITIONAL INSURED provisions or 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 Sabatino Insurance Agency 564 Broadway Everett, MA 02149	CONTACT NAME: PHONE (A/C No. Ext): 617-387-7466 FAX (A/C No.): 617-381-9186 E-MAIL ADDRESS: ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Travelers INSURER B: Hospitality Mutual INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Summit Financial Alternatives, LLC; Summit Financial PTRS Inc 300 Trade Center Dr Ste 3400 Woburn, MA 01801	

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	ADJ	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			6807J757038	07/25/19	07/25/20	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	UB-005P542715	01/08/20	01/08/21	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Host Liquor Liability Coverage			00118560TL	02/21/20	02/21/20	Per Person 1,000,000 Per Occurrence 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured
 Saint Patrick Parish and the Roman Catholic Archbishop of Boston, A Corporation Sole.

CERTIFICATE HOLDER Town of Stoneham 35 Central St Stoneham, MA 02180	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 Rocco Longo
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/16/20

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 have **ADDITIONAL INSURED** provisions or 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 Sabatino Insurance Agency 564 Broadway Everett, MA 02149	CONTACT NAME: PHONE (A/C No. Ext): 617-387-7466 FAX (A/C No): 617-381-9186 E-MAIL ADDRESS: ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Travelers INSURER B: Hospitality Mutual INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Summit Financial Alternatives, LLC; Summit Financial PTRS Inc 300 Trade Center Dr Ste 3400 Woburn, MA 01801	

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	ADDITIONAL SUBR. INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		6807J757038	07/26/19	07/25/20	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
							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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	UB-005P542715	01/08/20	01/08/21	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Host Liquor Liability Coverage			00118560TL	02/21/20	02/21/20	Per Person 1,000,000 Per Occurrence 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule; may be attached if more space is required)

Additional Insured
 Saint Patrick Parish and the Roman Catholic Archbishop of Boston, A Corporation Sole.

CERTIFICATE HOLDER Saint Patrick Parish and the Roman Catholic Archbishop of Boston, A Corporation Sole.	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 Rocco Longo
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Kilbride, Dava

From: Robert W. Galvin <rwgalvin@comcast.net>
Sent: Tuesday, January 28, 2020 6:15 PM
To: Kilbride, Dava
Cc: Sheehan, Dennis; MacNeill, Shelly
Subject: RE: Special Municipal Employees

I agree that all of these would be permissible adds.

Robert W. Galvin, Esq.
Stoneham Town Counsel
Galvin & Galvin, PC
10 Enterprise Street, Suite 3
Duxbury, MA 02332-3315
(781) 934-5678
(781) 837-1030 (Fax)
rwgalvin@comcast.net

This email is confidential and privileged. If you received this email in error, please contact Attorney Galvin at (781) 934-5678 to report the email.

From: Kilbride, Dava <DKilbride@stoneham-ma.gov>
Sent: Tuesday, January 28, 2020 12:37 PM
To: Robert Galvin (rwgalvin@comcast.net) <rwgalvin@comcast.net>
Cc: Sheehan, Dennis <DSheehan@stoneham-ma.gov>; MacNeill, Shelly <SMacNeill@stoneham-ma.gov>
Subject: Special Municipal Employees

Bob,

The following is a list of positions that HR/Clerk's office would like to have designated as special municipal employees: cafeteria workers (less than 800 hours), election workers, senior/veteran work off participants, traffic directors, summer interns, and seasonal DPW workers (less than 800 hours). If you are in agreement, I will request that the matter be placed on the next agenda. Thank you for your help.

Dava F. Kilbride
Office Manager – Stoneham Select Board
dkilbride@stoneham-ma.gov | www.stoneham-ma.gov
p: 781-279-2680
f: 781-279-2681

Confidentiality Notice

This electronic message and any attached files contain information from the Town of Stoneham that may be privileged and/or confidential. The information is intended for the recipient named above, and use by any other person is not authorized. If you are not the intended recipient, any disclosure, distribution, copying or use of this information is strictly prohibited. If you have received

this message in error, please notify the sender by e-mail immediately. Also, please be advised that the Secretary of State's office has determined that most e-mails sent to and from municipal officials are considered to be public records and consequently may be subject to public disclosure.



Special Municipal Employees

An explanation of how the conflict of interest law applies to "Special Municipal Employee" positions

The conflict of interest law, G.L. c. 268A, covers all municipal officials and employees, whether elected or appointed, paid or unpaid, full-time or part-time. However, two sections of the conflict law apply less restrictively to those part-time or unpaid municipal officials who have been designated as "special municipal employees."

"Special municipal employee" status can be assigned to certain municipal positions by a vote of the board of selectmen, board of aldermen, town council or city council. Several specific municipal positions are automatically designated as "special" under the law. Your position is eligible to be designated as a "special municipal employee" position provided that:

- you are not paid; or
- you hold a part-time position which allows you to work at another job during normal working hours; or
- you were not paid by the city or town for more than 800 working hours (approximately 20 weeks full-time) during the preceding 365 days.

It is the municipal position that is designated as having "special" status, not the individual. Therefore, all employees holding the same office or position must have the same classification as "special municipal employees." For instance, one member of a school committee cannot be classified as a "special" unless all members are similarly classified.

The designation may be made by a formal vote of the board of selectmen, board of aldermen, town council or city council at any time. Votes should be taken individually for each board or position being designated, expressly naming the positions being designated. Once a position is designated as having "special" status, it remains a "special municipal employee" position unless and until the classification is rescinded. A list of all the "special municipal employee" positions should be on file at the town or city clerk's office. This list should also be filed with the Ethics Commission.

Under no circumstances may a mayor, city councilor, town councilor, alderman, or selectman in a town with a population of more than 10,000 be designated as a "special." However, in towns of 10,000 or less, selectmen are automatically considered "special" employees. Other municipal positions in towns with a population of less than 10,000 must still be designated as "special municipal employee" positions by the selectmen.

The Legislature may also designate certain positions to have "special municipal employee" status. For example, board members and part-time employees of local housing and redevelopment authorities are defined by law as "special municipal employees" and do not need to have local authorities approve their designation as "specials." (See G.L. c. 121B, section 7.)

THE CONFLICT LAW IS LESS RESTRICTIVE FOR "SPECIALS"

Only two sections of the conflict of interest law apply less restrictively to "specials", §§ 17 and 20. All other sections of the conflict law that govern regular municipal employees apply to "special municipal employees" in exactly the same way. See the Summary of the Conflict Law for Municipal Managers or the Practical Guide to the Conflict Law for Municipal Employees for information on your responsibilities under the law (these publications are available from the State Ethics Commission). Remember that even if you serve on an unpaid part-time board or commission, you are still considered a regular municipal employee, unless your position has been expressly designated as having "special municipal employee" status.

Section 17 - Acting on Behalf of Others

Section 17 generally prohibits municipal employees from representing a private party before municipal boards or departments. It also prohibits municipal employees from acting as agent (or attorney) for a private party in connection with any matter of direct and substantial interest to their city or town. Finally, it prohibits municipal employees from accepting pay or other compensation in connection with any matter of direct and substantial interest to their municipality.

However, if you are a "special municipal employee," you may:

- represent private parties before municipal boards other than your own, provided that you have not officially participated in the matter and the matter is not now (and was not within the past year) within your official responsibility;
- act as agent for private parties in connection with a matter of interest to your city or town, provided that you have not participated in the matters as a municipal official, and that the matter is not (and has not been, during the past year) within your official responsibility; and
- receive pay or other compensation in connection with matters involving your city or town, provided that you have not officially participated in the matters and they are not (and have not been, within the past year) within your official responsibility.

Example: You are a Conservation Commissioner. The Commission has been given "special municipal employee" status. You are also an engineer in private practice in town.

- You may be hired as site engineer and represent a private development company at a Planning Board hearing, as long as the hearing does not in any way involve Conservation Commission matter.
- However, if the hearing is about a wetlands dispute, you could not represent the developer before the Planning Board because the matter is under your official responsibility as Conservation Commissioner.
- Also, if you prepare site plans, blueprints, structural analyses or other professional documents, you may not allow the developer to submit those materials to the

Conservation Commission (or to any other municipal boards, in connection with matters under the Conservation Commission's responsibility).

- Also, you may not be paid for giving the developer advice about how to get his project approved by the Conservation Commission, or for any other activity related to the Conservation Commission review process.

Note that the prohibition against "acting as agent" covers any type of activity that involves representing someone other than your city or town. Activities which can be considered "acting as agent" include: serving as someone's spokesperson; making phone calls or writing letters; acting as a liaison; affixing professional seals or signing supporting documentation; and participating as an electrician, plumber or other contractor during municipal building inspections. For more information about section 17, request Advisory No. 13: Municipal Employees Acting as Agent from the State Ethics Commission.

Section 20 -- Restrictions on Having an Interest in Contracts with your City or Town

Section 20 generally prohibits municipal employees from having a direct or indirect financial interest in a contract with their city or town. However, there are many exemptions in this section of the law. For instance, a municipal employee may own less than 1% of the stock of a company that does business with the municipality.

Also, a municipal employee may have a financial interest in a contract with a municipal department which is completely independent of the one where he works, provided that the contract has been publicly advertised or competitively bid, and the employee has filed a disclosure of his interest in the contract with the city or town clerk. Note that there are additional requirements for personal services contracts: contact your town counsel or city solicitor or the State Ethics Commission's Legal Division for more information.

However, if you are a "special municipal employee," you have two additional exemptions to section 20:

As a "special municipal employee," you may have a financial interest in a contract with a department which is completely independent of the one where you work, provided that you file a disclosure of your interest in the contract with the city or town clerk (there is no "public notice" or "competitive bid" requirement for this "special municipal employee" exemption).

As a "special municipal employee," you may even have a financial interest in a contract with your own department (or with a department which has overlapping jurisdiction with your department), provided that you file a disclosure of your interest in the contract with the city or town clerk and the board of selectmen, board of aldermen, town council or city council vote to grant you an exemption to section 20.

Example: You are a member of the School Committee, which has been given "special municipal employee" status. You also own a hardware store in town.

- You may sell light bulbs to the town's Department of Public Works, because Public Works is not under the jurisdiction of the School Committee; however, you must file a disclosure of your interest in the light bulb sales with the Town Clerk.
- You also may sell light bulbs to the School Department (which is under the School Committee's jurisdiction), but only if you file a disclosure of your interest in the light bulb sales with the Town Clerk and the Board of Selectmen vote to exempt your light bulb sales from the restrictions of section 20.

For more information about restrictions on holding an interest in municipal contracts, contact your city solicitor or town counsel or the Legal Division of the State Ethics Commission.

Section 20 -- Restrictions on Holding Multiple Municipal Positions

Because the restrictions of section 20 also apply to employment contracts, municipal employees are generally prohibited from holding more than one municipal position.

However, there are many exemptions to this general prohibition. If you are a municipal employee -- regular or "special", you may:

- hold any number of unpaid positions, because you do not have a financial interest in any of the positions (however, if you hold even one paid appointed position, you must look for other exemptions);
- hold any number of elected positions, whether paid or unpaid, because you serve in those positions by virtue of your election, rather than because of an appointment or employment contract (however, if you hold even one paid appointed position, you must look for other exemptions); and
- in some instances, you may hold more than one paid appointed position, provided that the jobs are in separate departments (which do not have overlapping responsibilities) and all paid jobs have been publicly advertised. However, your board of selectmen, board of aldermen, town council or city council must vote to exempt you from section 20, and there are also other requirements you must meet. For more information, see Advisory No. 7: Multiple Office Holding from the State Ethics Commission, or contact your town counsel or city solicitor or the State Ethics Commission's Legal Division.
- If you serve in a town with a population of less than 3,500, you may hold more than one position with the town if the board of selectmen formally approves the additional appointments.

If you are a "special municipal employee", you may also:

- hold any number of other "special municipal employee" positions, provided that the positions are with totally independent departments and you file a disclosure of your financial interest in all the positions with the city or town clerk;
- hold any number of other "special municipal employee" positions, even if the departments' jurisdictions overlap, provided that you file a disclosure of your financial interest in all the positions with the city or town clerk, and the board of selectmen, board of aldermen, town council or city council vote to exempt you from section 20.

Example: As a Cemetery Commissioner, you are a "special municipal employee."

- You may also hold "special municipal employee" positions on the Board of Library Trustees and on the Waterways Commission, because the three positions are completely independent of each other. However, you must file a disclosure of your financial interest (e.g., stipends, per diem payments, salary) in the positions with the Town Clerk.

If you wish to hold a "special municipal employee" position with the Department of Public Works (which maintains buildings on the cemetery grounds) or as the town's Tree Warden (who cares for the trees on the cemetery grounds), you must file a disclosure of your financial interest in the positions with the Town Clerk, and the Board of Selectmen must vote to exempt you from section 20.

For more information about holding more than one municipal position, request Advisory No. 7: Multiple Office Holding from the State Ethics Commission, or contact your town counsel or city solicitor or the State Ethics Commission's Legal Division.

* * *

The definition of "special municipal employee" can be found in section 1(n) of the conflict of interest law (G.L. c. 268A). Note that town councils are empowered by G.L. c. 39, section 1 to exercise all duties and powers of boards of aldermen.

* * *

Commission Fact Sheets are prepared and issued by the Public Education Division of the State Ethics Commission. They are intended to provide guidance to public officials and employees concerning practical applications of the conflict law. For further information, contact your town counsel or city solicitor, or the Legal Division of the State Ethics Commission.

ISSUED: May 1987

REVISED: March 1990

REVISED: January 1991