

#### Town of Arlington Select Board

#### **Meeting Agenda**

August 19, 2024 7:15 PM

Members of the public may access the hybrid meeting via Select Board Chambers, Zoom, or ACMI

- 1. Legislative Provision for Remote Participation
- 2. Presentation: Master Plan

Claire V. Ricker, Director

Department of Planning and Community Development

3. Discussion: MBTA Proposed Development of Alewife Station / CSO Issues

Eugene Benson Kristin Anderson

#### **FOR APPROVAL**

 Back to School Bash Zara Khaniyan

#### **CONSENT AGENDA**

 Request: Contractor/Drainlayer License Steve & Sons Contracting, Inc. Dean Ioakimidis Medford, MA 02155

> Triad Associates Mark Marinelli Haverhill, MA 01830

McLaughlin Corporation, LLC Philip McLaughlin Everett, MA 02149

128 Plumbing Heating Cooling Electric and Drains Alex Minter Wakefield, MA 01880

- 6. Acceptance of Funds for the 2024 Battle Reenactment Christine Bongiorno, Deputy Town Manager-Operations
- 7. Jason Russell House / Arlington Historical Society Beer Garden Special (One Day) Beer &

Wine License Amendments

Alcohol Serving Time Revision for the Rest of the Season

Previous: 1:00pm - 6:00pm New Request: 1:30pm - 6:30pm

Arlington Town Day Request Serving Time: 12:00pm - 6:30pm

8. Request: Special (One Day) Beer & Wine License 09/08/2024 @ Robbins Memorial Town Hall for a Private Event

Martha Ingols

- 9. Free Parking in the Russell Common Lot & Railroad Lot for Arlington Town Day 09/21/2024 Katie Luzcai, Economic Development Coodinator
- 10. Temporary "No Parking" Signs on Bartlett Avenue on 09/21/2024
- Special Event: National Coffee with a Cop Day, October 2, 2024
   Suzanne Trunfio

#### **APPOINTMENTS**

12. Council on Aging

Elaine McNulty Knight (term to expire: 06/30/2027) Marie Rapoza (term to expire: 06/30/2026)

13. LGBTQIA+ Rainbow Commission

Sara Goodrich (term to expire: 01/31/2026)

Constable

Jeffrey Silton (term to expire: 01/31/2027)

#### **LICENSES & PERMITS**

15. For Approval: Wine & Malt Alcohol License

Drad Group Inc, Makalu Nepali & Indian Cuisine, Bishnu Dabadi, 352A Massachusetts Avenue

16. For Approval: Common Victualler License

Fiesta Bites Pizzeria LLC, Asael Alonso Sanchez Hernandez, 1323 Massachusetts Avenue

#### **OPEN FORUM**

Except in unusual circumstances, any matter presented for consideration of the Board shall neither be acted upon, nor a decision made the night of the presentation in accordance with the policy under which the Open Forum was established. It should be noted that there is a three minute time limit to present a concern or request.

#### TRAFFIC RULES & ORDERS / OTHER BUSINESS

TAC Recommendations: Speed Limits
 Jim Stubbe, Vice-Chair, Transportation Advisory Committee

- 18. TAC Recommendation: Gray Street/Churchill Ave Intersection
- 19. Discussion: Churchill Avenue, Endicott Road, and Gloucester Street Intersection
- 20. Request for New Memorial & Memorial Edit for Alan Hovhaness Alan Jones

#### **NEW BUSINESS**

Next Scheduled Meeting of Select Board September 9, 2024

You are invited to a Zoom webinar.

When: Aug 19, 2024 07:15 PM Eastern Time (US and Canada)

Topic: Select Board Meeting

Register in advance for this webinar:

https://town-arlington-ma-us.zoom.us/webinar/register/WN\_MO63LtWtTDamMzEKiUzNYw

After registering, you will receive a confirmation email containing information about joining the webinar.

\*Notice to the Public on meeting privacy\* In the interests of preventing abuse of videoconferencing technology (i.e. Zoom Bombing) all participants, including members of the public, wishing to engage via the Zoom App must register for each meeting and will notice multi-step authentication protocols. Please allow additional time to join the meeting. Further, members of the public who wish to participate without providing their name may still do so by telephone dial-in information provided above.



#### Town of Arlington, Massachusetts

Legislative Provision for Remote Participation



#### **Town of Arlington, Massachusetts**

**Presentation: Master Plan** 

Summary:

Claire V. Ricker, Director

Department of Planning and Community Development

ATTACHMENTS:

Type File Name Description

Reference Master\_Plan\_Presentation.pdf Master Plan Presentation

# Arlington Master Plan Update your town, your future

Information session || February 29, 2024



## AGENDA

- What is Master Planning?
- Arlington Master Plan 2015
- Planning Process
   Roles & Responsibilities
   Status
   Timeline
- Next Steps





## What is a Master Plan?

A comprehensive plan or "master plan" is a 50,000-foot view that guides City policies and investment over the next ten-twenty years.

The plan reflects community vision and values; community engagement is critical to the success of a comprehensive master planning process.

The impact of the plan will affect City policy, future investments, regulatory changes, and ongoing community discussions.





## Master Plan: Characteristics

comprehensive which means its complete

→ long term (10-20 year life span)

general – encompasses the entire community

focused primarily on physical development and assets



## Master Plan: process

oversight

data collection

public outreach

goals and recommendations



# Master Plan: role of the community

join Master Plan committees and working groups

attend public meetings, design charettes, office hours

complete surveys

continue the conversation



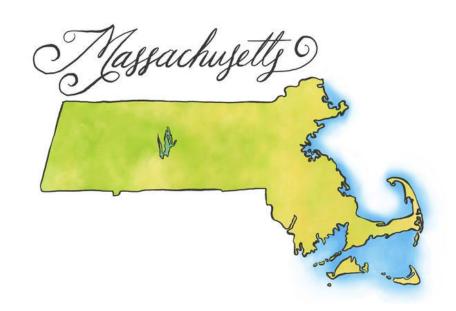
## Planning should be proactive, not reactive.





Under Massachusetts General Laws, master planning is governed by Chapter 41, Section 81D. This section requires that the plan address nine elements, including a goals and policies statement and an implementation plan.

Within that framework is a great deal of latitude to craft a master plan that fits the individual needs of the community.





land use/growth housing economic development arts and culture open space and recreation public services transportation/mobility





# study areas PLUS

- ✓ statement on goals and policies
- ✓ implementation plan



identify issues survey list goals prepare plan consider alternatives adopt plan implement plan evaluate plan



- identify issues
- Ist goals prepare plan consider alternatives adopt plan implement plan evaluate plan



- identify issues
- → survey
   → list goals
   prepare plan
   consider alternatives adopt plan implement plan evaluate plan



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- identify issues

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- identify issues

- → survey
  → list goals
  → prepare plan
  → consider alternatives
- → adopt plan→ implement plan→ evaluate plan



#### 2015 Master Plan

## arlington master plan



YOUR TOWN, YOUR FUTURE

Adopted February 4, 2015 Arlington Redevelopment Board







#### WE ARE HERE

Information Gathering **Existing Conditions** Assessment



Issues Identification Analysis

> Options & Tradeoffs



Master Plan Proposals & Recommendations



EST. APRIL 2015

Plan Adoption



**Evaluation** 



2025

Update

Implementation

Formulating, Revisiting, Fine-Tuning Master Plan Goals and Policies



Information
Gathering
Existing Conditions
Assessment



Issues
Identification
Analysis
Options &
Tradeoffs



Master Plan Proposals & Recommendations



EST. APRIL 2015

Plan Adoption



Evaluation



2025

Update

Implementatio We are here

Formulating, Revisiting, Fine-Tuning Master Plan Goals and Policies

## 2015 Master Plan: goals and policies – land use

Goal #2 "Encourage development that enhances the quality of Arlington's natural resources and and built environment."

Recommended actions to achieve that goal -

- Recodification of the zoning bylaw (completed 2019)
- Adoption of design guidelines for commercial/industrial sites (underway 2024)



## 2015 Master Plan: goals and policies – transportation

Goal #2 "Enhance mobility and increase safety by maximizing transit, bicycle, and pedestrian access and other alterative modes of transportation."

Recommended actions to achieve that goal –

- Adopt a complete streets policy (completed 2016)
- ConnectArlington sustainable transportation plan (2021)



## 2015 Master Plan: supporting documents

- Arlington Heights Neighborhood Action Plan (2019)
- Economic Analysis of Industrial Districts (2021)
- Residential Design Guidelines (2020)
- and many others

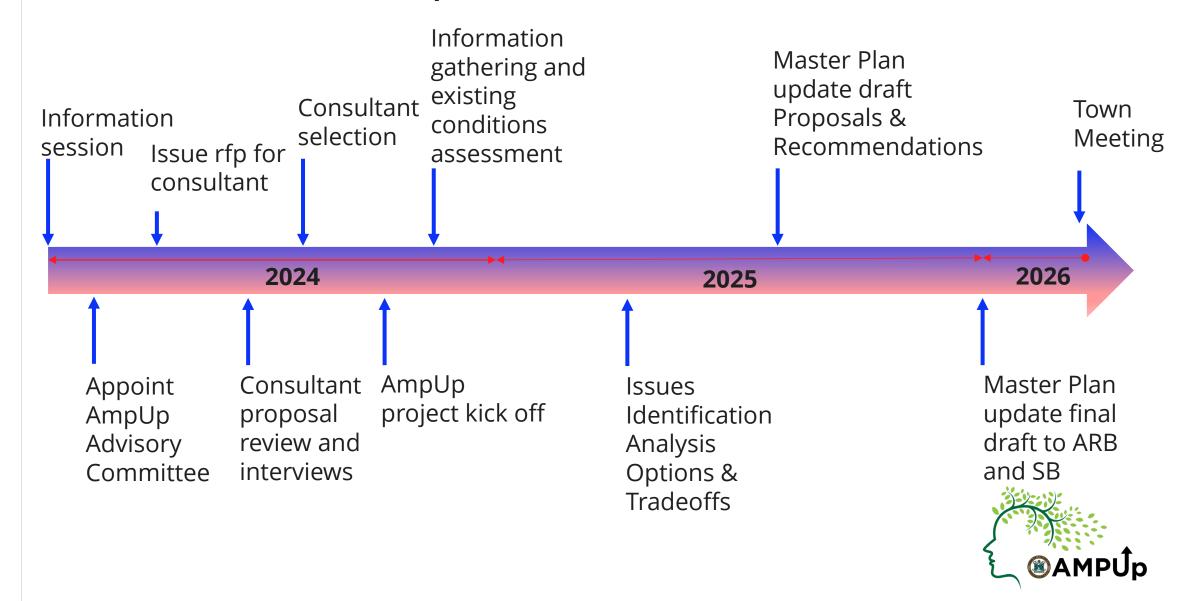


### 2024 Master Plan Update: next steps

- ARB will appoint a new Master Plan Update Advisory Committee (AMPUp Advisory Committee)
- Draft Request for proposal from planning consultants
- Town staff and AMPUp Advisory Committee will Review proposals and interview consultants
- Planning consultant selected, project kickoff



## 2024 Master Plan Update: timeline

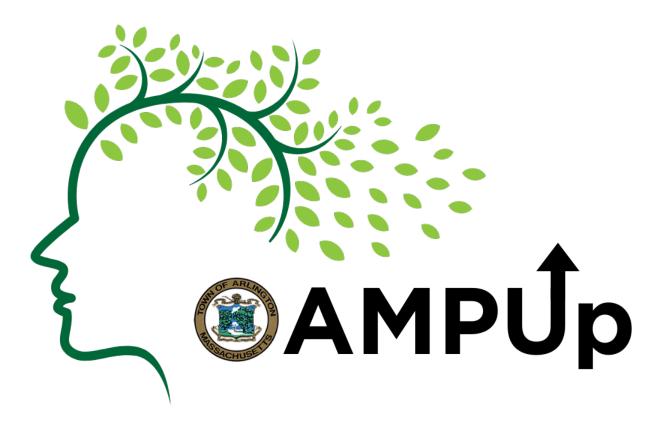


## 2024 AMPUp Advisory Committee

- Up to 12 community members plus 2 representatives from the Redevelopment Board, and one from the Select Board,
- 2 year commitment, meets monthly over zoom through 2024 MAY meet more frequently through 2025
- Seeking Select Board volunteer



## Thank you!





#### **Town of Arlington, Massachusetts**

Discussion: MBTA Proposed Development of Alewife Station / CSO Issues

Summary:

Eugene Benson Kristin Anderson

ATTACHMENTS:

Type File Name Description

Reference Material Alewife-Packet.pdf Reference





#### THE MBTA INITIATES PROCESS TO REDEVELOP THE ALEWIFE GARAGE COMPLEX SEEKS PRIVATE SECTOR JOINT DEVELOPMENT PARTNER

The Massachusetts Bay Transportation Authority (MBTA) is pleased to announce that it has initiated an innovative procurement process to engage a private sector Joint Development (JD) partner for the redevelopment of its Alewife Complex in Cambridge, Massachusetts. The Alewife Complex comprises a very active Red Line heavy rail station, a 2,733-space structured parking garage, commuter rail right-of-way, and ancillary layover and maintenance facility land. Together, the property offers a tremendous redevelopment opportunity. The MBTA seeks to create a world class public transportation hub through a future-forward development project, to enhance the public realm in the station area, meet its infrastructure improvement objectives and to contribute to economic development and sustainable growth in the Alewife community.

To accomplish these goals, the MBTA will enter into a Pre-Development Agreement with its chosen JD partner to maximize public and private strengths of each party, and to create a development master plan that is realistic and viable. Upon the satisfaction of the pre-conditions to development set forth in the Pre-Development Agreement, it is the intention of the MBTA to proceed directly to a long-term lease with its JD partner.

In announcing the initiative MBTA General Manager Phil Eng said "leveraging MBTA real estate assets to help meet our infrastructure needs and the Healy/Driscoll Administration's housing and economic development goals is a major priority of ours. Through this initiative we will form collaborative and productive partnerships to deliver an outstanding transit-oriented development at Alewife".

The MBTA intends to select its JD partner based primarily on qualifications with consideration also given to teaming history and financial capacity, an understanding of the work, and the JD partner's proposed approach to the development of the Alewife Complex. As the public owner, the MBTA is looking for design, permitting, construction, financial, operations and maintenance expertise to complement the MBTA's capabilities. Collaboration, creativity, accountability and transparency will be hallmarks of the partnership. The development of the Alewife Complex will be closely coordinated with City of Cambridge representatives.

A developer/industry forum for entities interested in developing the Alewife Complex will be held on August 8, 2024, at 1:00 p.m. (Eastern) at the State Transportation Building located at 10 Park Plaza, Boston, MA. The forum will take place in the 2<sup>nd</sup> Floor Board of Directors conference room. MBTA officials will provide an overview of the opportunity, procurement method and schedule and will be available to answer questions about the facilities and operations. Pre-Registration is requested using <u>Alewife Complex Industry Day Pre-Registration Form.</u> Firms interested in scheduling a one-on-one meeting with representatives of the MBTA to discuss proprietary aspects of the Project must register here: <u>Alewife 1 on 1 Registration Form</u>.

The MBTA's Office of Diversity and Civil Rights will host a DBE networking event as a part of the JD solicitation process. Additional details concerning this event will be forthcoming.

All development inquiries on this opportunity should be directed to: <u>AlewifeJDinquiries@MBTA.com</u>
All press inquiries on this opportunity should be directed to: <u>mbingaman@MBTA.com</u>





# NOTICE OF INTENT ALEWIFE COMPLEX JOINT DEVELOPMENT PROJECT DEVELOPMENT/INDUSTRY FORUM

The Massachusetts Bay Transportation Authority (MBTA) is pleased to provide this notice that it intends to engage a Joint Development (JD) partner for the redevelopment of its Alewife Complex in Cambridge, Massachusetts. The Alewife Complex comprises a very active Red Line heavy rail station, a 2,733-space structured parking garage, a busway, nearby Commuter Rail right-of-way, and ancillary layover and maintenance facility land. Together, the property offers a tremendous redevelopment opportunity in an area of Cambridge, Massachusetts that the MBTA intends to capitalize on to meet its infrastructure improvement objectives at the Alewife Complex and economic development and other public goals.

The MBTA seeks to create a world class public transportation hub through a future-forward development project, to enhance the public realm in the station area, and to contribute to economic development and sustainable growth in the Alewife community. To accomplish these goals, the MBTA will enter into a Pre-Development Agreement with its chosen JD partner to maximize public and private strengths of each party, and to create a development master plan that is realistic and viable. Upon the satisfaction of the pre-conditions to development set forth in the Pre-Development Agreement, it is the intention of the MBTA to proceed directly to a long-term lease with its JD partner.

The MBTA intends to select its JD partner based primarily on qualifications with consideration also given to teaming history and financial capacity, an understanding of the work, and the JD partner's proposed approach to the development of the Alewife Complex. As the public owner, the MBTA is looking for design, permitting, construction, financial, operations and maintenance expertise to complement the MBTA's capabilities. Collaboration, creativity, accountability and transparency will be hallmarks of the partnership, therefore, careful consideration should be given to the JD partner's development approach and staffing. The development of the Alewife Complex will be closely coordinated with City of Cambridge representatives.

The MBTA is the owner and operator of the Alewife Complex, including the following assets:

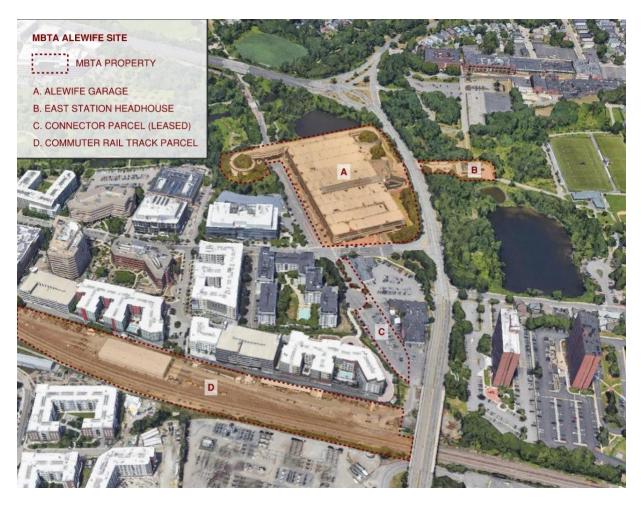
The garage, including all associated rights in land. The garage is a five-story, one million square foot structure accommodating 2,733 parking spots, critical power components that are a part of the MBTA's core system, and a small amount of retail. It is the largest parking structure in the MBTA system.

The station, including all associated rights in land, which serves as the northern terminus of the MBTA's Red Line and is serviced by four bus routes (62, 67, 76, and 350). Both the garage and the station were built in 1985 when Red Line revenue service was extended beyond Harvard Station, and both have undergone several rehabilitation projects and structural repairs. Safety measures are on-going.

• Adjacent real estate along the Fitchburg commuter rail line, which is underutilized and has value for an alternative higher and better use such as development and/or a new rail station.







The MBTA anticipates the following procurement timeline related to the Alewife Complex:

| Event   | Date/Time                          |
|---|------------------------------------|
| Publish notice of industry day                                  | July 24, 2024                      |
| Industry day  | August 8, 2024                     |
| Industry one-on-one meetings                                    | August 8 through 14, 2024          |
| Issue Request for Proposals ("RFP")                             | Late-summer 2024                   |
| Informational meeting/site visit                                | One week after issuance of the RFP |
| Initial Proposal submission date and announcement of short-list | Fall 2024                          |
| Proposals submission date                                       | Fall 2024                          |
| Selection and Notice to Proceed                                 | Winter 2024                        |





A developer/industry forum for entities interested in developing the Alewife Complex will be held on August 8, 2024, at 1:00 p.m. (Eastern) at the State Transportation Building located at 10 Park Plaza, Boston, MA. The forum will take place in the 2<sup>nd</sup> Floor Board of Directors conference room. MBTA officials will provide an overview of the opportunity, procurement method and schedule and will be available to answer questions. Firms or individuals interested in attending the forum, either in person or online, are encouraged to register in advance at: Alewife Complex Industry Day Pre-Registration Form. Pre-registration is not required but is encouraged.

Firms interested in scheduling a one-on-one meeting with representatives of the MBTA to discuss proprietary aspects of the Project must register here: <u>Alewife 1 on 1 Registration Form</u>. One-on-one meetings will be conducted between August 8 and August 14, 2024. To be eligible for a one-on-one meeting, a firm must be capable of acting as a lead development partner on the Project. Registration for a one-on-one meeting must be completed by August 5, 2024. The MBTA reserves the right, in its sole discretion, to schedule one-on-one meetings with any or all registrants.

The MBTA's Office of Diversity and Civil Rights will host a DBE networking event as a part of the JD solicitation process. Additional details concerning this event will be forthcoming.

All development inquiries on this opportunity should be directed to: <u>AlewifeJDinquiries@MBTA.com</u>
All press inquiries on this opportunity should be directed to: <u>mbingaman@MBTA.com</u>





#### The Opportunity

The MBTA is the owner and operator of a garage, station and associated real estate comprising the "Alewife Complex" at the northern terminus of the Red Line in North Cambridge (collectively, the "Complex"). The MBTA's Transit Oriented Development/Innovative Delivery (TOD/ID) team has developed an innovative procurement related to the redevelopment of the Complex based on the following facts:

- 1. Several structural condition analyses of the garage have been conducted over the past decade with the latest and most substantive being completed in 2020. This study and on-going experience determine that the MBTA will need to spend at least \$55 million (in 2020 dollars) over the next ten years to keep the garage operational, with no measurable improvements in operations or capacity.
- 2. The station is also in need of certain repairs.
- 3. The City of Cambridge, through its 2019 *Alewife District Plan* and subsequent zoning and permitting actions, envisions continued economic development activity and a growing "vibrant mixed-use district" around the Complex. As other areas of Cambridge and the greater Boston region become built out, the Alewife area has emerged as an inviting opportunity for commercial, biotechnology and residential developers.
- 4. As it is well past its useful life and the ratio of revenue to repair cost is unsustainable and unwise, the MBTA has determined that it is in its best interest to demolish the garage and to engage with a private sector partner(s) to reimagine the use of the Complex.

#### The Proposal

The MBTA proposes to select a partner ("Developer") based primarily on qualifications, partnering and financial capacity. Together, the MBTA and the selected Developer will execute an agreement (the "Pre-Development Agreement") calling for the Developer and the MBTA to work collaboratively to establish the project goals; complete any necessary environmental reviews; advance design; allocate risk; garner required public support; acquire necessary permits; and negotiate a long-term lease which will be comprised of some or all of the real estate, the garage, and portions of the Station, including any necessary design, construction, operation, and maintenance obligations (the "Lease"). While it is anticipated that the Lease would feature a lengthy term, it is possible that the terms for the various components comprising the Complex could be different, depending on the MBTA's objectives. As the Complex was initially built and later repaired with FTA financial assistance, FTA will be consulted early in the procurement process.





The development opportunity anticipates that the Lease will include the garage and the land on which the garage is located, air-rights. Further, the Developer will demolish the garage and redevelop that portion of the Complex as a part of the private redevelopment project, subject to an obligation to continue to provide a sufficient amount of parking for customers of the MBTA, as determined by the MBTA, at all times through a covenant in the Lease. The MBTA anticipates that it will retain pricing control over that parking.

In consideration for the development opportunity, the Developer will be required to design and construct (to the MBTA's standards) certain improvements to the MBTA transportation facilities at the Complex, including: (a) improvements to the station and Complex as detailed in a to be developed program; and (b) modifications to the station and complex made necessary on account of the Developer's private mixed-use redevelopment. The construction of the transportation improvements must be publicly procured by the Developer on the MBTA's behalf in accordance with M.G.L. ch. 30, § 39M or follow current law should changes be enacted.

#### **The Process**

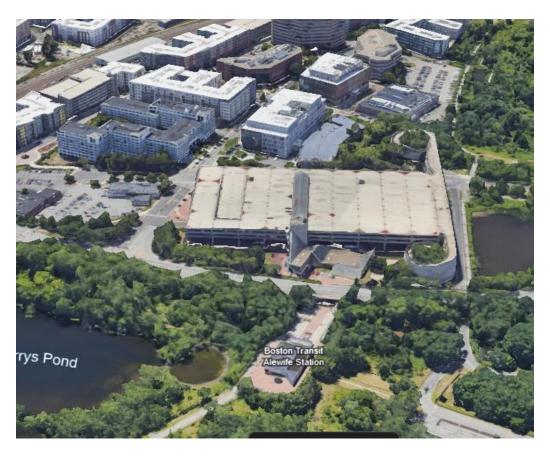
It is anticipated that a multi-disciplinary team of MBTA senior personnel will be assembled to serve as a committee to develop the MBTA's needs, to evaluate proposals received under the procurement, and to assist in the review of plans submitted by the Developer. It is also possible that the MBTA will form a small group of external stakeholders to add transparency to and ensure support in the process. The work of both groups will be guided by a detailed work plan and schedule that is being developed by the TOD team.

Additional details regarding this opportunity are included with this summary. The project is unique in certain respects, particularly with respect to the progressive partnership that is anticipated and the public procurement that is required. However, all of the methods that are proposed have been undertaken by the MBTA in the past on prior projects and is common practice for other transit authorities.

An initial step in informing the MBTA's due diligence process and beginning the process of engaging with industry is to conduct a Developer/Industry Open House. This session will be followed by the issuance of a Request for Proposals ("RFP") providing detailed background information on the Complex and the MBTA's goals for the Complex and requesting developer qualifications, teaming experience and financial capacity. A site visit and open question and answer period will be conducted. The MBTA expects to issue the RFP In July and a JD partner selection in the fall/winter of 2024.











#### Town of Arlington, Massachusetts

#### **Back to School Bash**

Summary:

D

Zara Khanjyan

ATTACHMENTS:

Type File Name Description

Reference RSM\_Special\_Event.pdf Reference

## TOWN OF ARLINGTON SPECIAL EVENT PERMIT APPLICATION

#### **Applicant and Sponsoring Organization Information**

| Name of Or                | ganization / S           | Sponsor: RSM Arlington  |                    |
|---------------------------|--------------------------|---|--------------------|
| Address:                  | 50 n                     | Sponsor: RSM Arlington  City: Arlington State: MA   | Zip: 02476         |
|                           |                          | -a Khanjyan Tel#: 617855990   |                    |
| E-mail: 20                | ara. Kha                 | inj yandrussianschool.com   |                    |
| Event Mana                | iger: Zar                | a Khanjyah Contact Info: 6/74   | 4127578            |
| Other Conta               | act Person/s: \( \bullet | Tarvara Gracheva Contact Info: 6/79   | racheva Otusian    |
| Event Infor               | rmation L                | Back 2 School Bash  |                    |
| ☐ Run/Wal<br>Event Title: |                          | ☐ Parade  | Event              |
| Start Date &              | k Time(s):               | 09/28 //.004/End Date & Time(s): 09/28 /  | '00 PM             |
| Estimated A               | Attendance: #_           | 100 ~ 200 Admission Fee:  |                    |
| Open to the               | Public:                  | <b>▽</b> Yes □ No   |                    |
| Requested L               |                          | et (specify): Whittemore Park, man  |                    |
|                           | Oth                      | ner (specify): and Mystic St., Arlingt  | ton MA             |
| Set Up Date               |                          | cription: 09/28 10:00 AM  |                    |
|                           |                          | Description: 09/28 2:00 PM  |                    |
|                           |                          | AGRAM OF ROUTE WITH SPECIFICS   |                    |
|                           |                          |   |                    |
| Event Detail              | ils                      |   | *                  |
| YES                       | NO                       | Will you set up table(s) and/or chair(s)? Approximate number Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): Canopy(ies) and/or Tent(s)- describe dimensions: |                    |
|                           |                          | d by your organization to insure the safety and health of all paraeed to contact the departments below if it is not required.                                       | ticipating in this |
| YES □                     | NO<br>\\_                | Police Detail:  | (contact police)   |



#### **Town of Arlington, Massachusetts**

Request: Contractor/Drainlayer License

#### Summary:

Steve & Sons Contracting, Inc. Dean Ioakimidis Medford, MA 02155

Triad Associates Mark Marinelli Haverhill, MA 01830

McLaughlin Corporation, LLC Philip McLaughlin Everett, MA 02149

128 Plumbing Heating Cooling Electric and Drains Alex Minter Wakefield, MA 01880

#### **ATTACHMENTS:**

|   | Type                  | File Name                | Description |
|---|-----------------------|--------------------------|-------------|
| ם | Reference<br>Material | Contractor_Reference.pdf | Reference   |

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 FAX 781-316-3029

## TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

August 13, 2024

Dean loakimidis Steve & Sons Contracting, Inc. Medford, MA 02155

Dear Dean:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, August 19, 2024 at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, August 15<sup>th</sup> by 7:00 p.m.

Please contact this office by email, ckalogeropoulos@town.arlington.ma.us, if you have any questions.

Very truly yours, SELECT BOARD

Caroline Kalogeropoulos Administrative Assistant



#### **MEMORANDUM**

To:

Select Board

From: Engineering Division

Re:

Approved Contractor License

Date: August 13, 2024

Dear Board Members,

Reference is hereby made to an application by Constandinos Ioakimidis of Steve & Sons Contracting, Inc. to be accepted as an Approved Contractor in the Town of Arlington.

#### Contact information is as follows:

Steve & Sons Contracting, Inc. Constandinos (Dean) Ioakimidis. 156 North Street Medford, MA 02155 Phone: 781-646-7955

Email:

As a previously approved contractor in good standing, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

Wolfgang G. Kirstein, E.I.T.

Wolfgry Kirstein

Civil Engineer

CC: William C. Copithorne, P.E., Assistant Town Engineer



# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

# APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3320.

| L             |  |                |   | Scope of Work  |   |   | 1  | 1111        |
|---------------|--|----------------|---|--|---|---|--|-------------|
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| Primary Pho   | one: (781)   | 646-7955       | E-mail:   | -  | Motord  | State: 1  | MA Zip Code:   | 02          |
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| Full Name(s)  | of Principal(s);   |                |   | Constandinos   | (Dean) Ioakimid   |   |  |             |
| Primary Con   | itact Person:  |                |   | Dean Io  | 200   |   |  |             |
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| Cotal Amount  | of such construction this  | year:          | 17  | ,  | Appr  | oximate Date:   | 2019-2021  |             |
|               | of such construction last  |                |   |  |   |   |  |             |
|               | of such construction next  |                | "!  |  |   |   |  |             |
| 4.7           | Municipal Referen  |                |   | n Reference La   | tona on Duck  | 19/10/11/19   | A 13 5 14 14 14 14 14 14 14 14 14 14 14 14 14  | · .         |
| Iunicipality: |  |                |   | Town of Arlingto   |   | ide Contact Inf   | formation  |             |
|               | Primary Contact Name:  |                |   | - Control of the cont |   |   |  |             |
| dunicipality: | -  |                |   | Town of Belmon   | Email:  |   |  | •           |
|               | Primary Contact Name:  |                |   | TOTALL OF DELILION   |   |   |  |             |
| funicipality: | -  |                |   |  | Email   | ·   |  |             |
| -             | Primary Confact Name:  |                |   | City of Cambridge  |   |   |  |             |
|               |  | inclal Data    | Panage Diagram  | A44  | Email   | !   |  |             |
| ank Reference | il   |                | ilizens Bank  | Attach Written   |   |   |  | 12.15.74    |
| daval Tour    |  |                | micono Dalik  | Volltave   | Pho<br>fal security munbs                               | not federal through at  | 617-551-6151   |             |
|               | or Social Security #:<br>own Staff Redact Social S   | ecurity # heli | PER PERSONA TIONALI   | ax pay   | ment obligations.                                       | Licenses who fail to co   | on number will be funds<br>to whether you have met<br>treet their non-filing or<br>r revocation. This reque<br>Chapter 62C, Section 4  | tax filing  |
|               |  |                | Signature   | Mundorsement   |   |   |  |             |
| license       | , I certify that under the penal<br>at I/we have filed all state tax<br>as printed in the By-Laws of t | he Town, and s | hat to the best of my k<br>d all state taxes as req<br>uch other rules and re | nowledge and belief a<br>uited by law, I also her<br>gulations as the Select   | l information on<br>eby agree to con<br>Board and/or De | this application is true<br>form in all respects to<br>partment of Public W | e and correct. I also ce<br>the conditions governi<br>orks may establish.  | rtify by    |
| licant Signat | ure: Consta  | ndino          | r Soakim  | ridis  |   | 1-17-201  | Reset Fo   |             |
|               |  |                |   |  |   |   | Print For  | m           |

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 FAX 781-316-3029

## TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

August 14, 2024

Mark Marinelli Triad Associates, Inc. Haverhill, MA 01830

Dear Mark:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, August 19, 2024 at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, August 15<sup>th</sup> by 7:00 p.m.

Please contact this office by email, ckalogeropoulos@town.arlington.ma.us, if you have any questions.

Very truly yours, SELECT BOARD

Caroline Kalogeropoulos Administrative Assistant



#### **MEMORANDUM**

To:

Select Board

From: Engineering Division

Re:

Approved Contractor License

Date: August 13, 2024

Dear Board Members,

Reference is hereby made to an application by Mark Marinelli of Triad Associates Inc., to be accepted as an Approved Contractor in the Town of Arlington.

#### Contact information is as follows:

Triad Associates Inc. Mark Marinelli 100 Downing Avenue Haverhill, MA 01830 Phone: 978-373-4223

Email:

Upon review of the application supplied by the contractor, we recommend approval and issuance of an Approved Contractor license.

Regards,

Wolfgang G. Kirstein, E.I.T.

Wolfgary Kirstein

Civil Engineer

CC: William C. Copithorne, P.E., Assistant Town Engineer File

Specific play and the



# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

# APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3320.

| Scop   | e of Work   |   |                                       | 1    |
|--|---|---|---------------------------------------|------|
| Please Indicate the scope of work you intend to perform as a DPW   | Approved Contractor in the To                                   | ovn of Arlington (el                                | leck all that analys                  | J    |
|  |   | Driveway Work                                       | Curb/Sidewalk Work                    |      |
|  | t Information   |   |                                       | 1    |
| Applicantifiern Name: Triad Associates In  | c.  |   |                                       | 1    |
| Select One: Corporation Partnership  | Proprietorship OII  | ier:  |                                       |      |
| Street Address: 100 Downing Ave City   | Mourn Haverhill   | State: Ma   | Zip Code:                             |      |
| Primary Phone: (978) 373 - 04223 E-mail:   |   |   | 2 30                                  |      |
| Length of Time in Business under the same Firm Name: 40 Wew  | и,  |   |                                       |      |
| Full Name(s) of Principal(s): John Merck   |   |   |                                       |      |
| Primary Contact Person: Mack Marine //s  |   |   |                                       |      |
|  | Previous Work   |   |                                       |      |
| Nature of Typlen V Standard Works Decorature Coy   | urete   |   |                                       |      |
| Have you ever performed this type of work in Arlington:  | Ves Yes   | No  | •                                     |      |
| If Yes, Please provide Location: 6 Braffle Terrace   | Approxim  | unte Date: 20                                       | 15                                    |      |
| Total Amount of such construction this year: \$ 20,000,00  | 23.03   |   |                                       |      |
| l'ofal Amount of such construction last year: F 20,000,00  |   |   |                                       |      |
| Fotal Amount of such construction next previous year: \$ 20,000,00   |   |   | -                                     |      |
| Municipal References - Please Attach Written R   |   | Contact Inform                                      | intion                                |      |
| Municipality:  |   | Commet Amorri                                       |                                       |      |
| Primary Contact Name(  | Bir   |   | ·                                     |      |
| Municipality:  |   |   | · · · · · · · · · · · · · · · · · · · | .Co. |
| Primary Contact Name:  | Emall:  |   |                                       | ,00  |
| Municipality   |   |   |                                       |      |
| Primary Contact Name:  | Emalt   |   |                                       |      |
| Banking/Financial References - Please Att  | nch Written Reference Lette                                     | ers if Available                                    |                                       |      |
| ank Reference:   | Phones  |   |                                       |      |
| ederal Tax ID or Social Security II:   | Your social security number or<br>Mossochusetts Department of R | evenue to determine who                             | ether you have met toy films          |      |
| Note to Town Staff: Redact Social Security # before releasing document   | delinquency will be subject to fi                               | course who fall to correct                          | their non-filing or                   |      |
| Signature/E  | under the audionly of Massacht                                  | iselis General Law, Chap                            | ter 62C, Section 49A.                 |      |
| y signing below, I certify that under the penalties of perjury that to the best of my know<br>gnature below that I five have filed all state tax returns and paid all state taxes as require<br>license as printed in the By-Laws of the Town, and such other rules and regula | rledge and belief all information on this                       | application is true and<br>in all respects to the c | correct. I also certify by            |      |
| oppleant Signature: Wark Marinello   | Date: S   | 7/24  | Reset Form                            |      |
|  |   | 1001  | Print Form                            |      |

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 FAX 781-316-3029

## TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

August 13, 2024

Philip McLaughlin McLaughlin Corp., LLC Everett, MA 02149

Dear Philip:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, August 19, 2024 at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, August 15<sup>th</sup> by 7:00 p.m.

Please contact this office by email, ckalogeropoulos@town.arlington.ma.us, if you have any questions.

Very truly yours, SELECT BOARD

Caroline Kalogeropoulos Administrative Assistant



#### **MEMORANDUM**

To:

Select Board

From: Engineering Division

Re:

Approved Contractor License

Date: August 13, 2024

Dear Board Members,

Reference is hereby made to an application by Philip McLaughlin of McLaughlin Corp LLC, to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

McLaughlin Corp LLC Philip McLaughlin

Everett, MA 02149

Phone:

Email:

n

As a previously approved contractor in good standing, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

Wolfgang G. Kirstein, E.I.T.

Wolfgry Kirstein

Civil Engineer

William C. Copithorne, P.E., Assistant Town Engineer CC:

File



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#### TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

#### APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE JUL 22'24 AM 9:03

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board, Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering

| Department at 781-316-3320.   |
|---|
| Scope of Work   |
| Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):   |
| Water Sanitary Sewer Stonnwater Drainage Sewer/Drain Inspection Driveway Work Gurb/Sidewalk Work  |
| Applicant Information   |
| Applicant/Firm Name: MU (BUGHIIN CORF) LCC  |
| Select One: Corporation Partnership Proprietorship Other:   |
| Street Address: City/Fown: City/Fown: State: MA Zip Code: O211.9  |
| Primary Phone: E-mail:  |
| Length of Time in Business under the same Firm Name: 25 Year'S  |
| Full Name(s) of Principal(s): Toana D Mc Laugh IN   |
| Primary Contact Person: Philip Mc Laughkin  |
| Experience/Previous Work  |
| Nature of Typical/Standard Work: Bullow / G-C   |
| Have you ever performed this type of work in Arlington:   |
| If Yes, Please provide Location: 14 Properties Way Approximate Date: 9/23 -   |
| Total Amount of such construction this year: Sook   |
| Total Amount of such construction last year: 7.50 %   |
| Total Amount of such construction next provious year: 728%  |
| Municipal References - Please Attach Written Reference Letters or Provide Contact Information   |
| Municipality: STONEHAM / CUT & CAPO TO HOUSE 11 FELLER ST   |
| Primary Contact Name: BRET GONVALES Email: WWW. Storcham = MA. gov  |
| Municipality READING / 35 Goler St / New NETER MAIN   |
| Primary Contact Name: Dan o Donnell Email: Donnell Glarthreading Ma. 9  |
| Viuntelpality: 14 Propertions HAY ARCINIONAL NEW WATER LINE   |
| Primary Confact Name: BILL COPPERTHORNE Email: Wer Henrithorne atomorphism to   |
| Banking Financial References - Please Attach Written Reference Letters if Available   |
| ank Reference: LAST CAMP SOUNGS Bank Phone: 6/7-551-2570 Laiz   |
| ederal Tax ID or Social Security #:  .cial security number or federal identification number will be furnished to the husetts Department of Revenue to determine whether you have not tax filling.   |
| Note to Town Staff: Reduct Social Security # before releasing document delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.  |
| Signature/Endorsement   |
| by signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by gnature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and specifications and regulations as the Select Board and/or Department of Public Works may establish. |
| pplicant Signature:  Date: 0.7/15/20  Print Form  |
| / / / E thirtoini   |

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 FAX 781-316-3029

## TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

August 13, 2024

Alex Minter
128 Plumbing Heating Cooling Electric and Drains
Wakefield, MA 01880

Dear Alex:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, August 19, 2024 at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, August 15th by 7:00 p.m.

Please contact this office by email, ckalogeropoulos@town.arlington.ma.us, if you have any questions.

Very truly yours, SELECT BOARD

Caroline Kalogeropoulos Administrative Assistant



#### **MEMORANDUM**

To:

Select Board

From: Engineering Division

Re: Approved Contractor License

Date: August 13, 2024

Dear Board Members,

Reference is hereby made to an application by Alex Minter of 128 Plumbing Heating Cooling Electric and Drains, to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

128 Plumbing Heating Cooling Electric and Drains Alex Minter 88 Foundry Street Wakefield, MA 01880 Phone:

Phone: Email:

Upon review of the application supplied by the contractor, we recommend approval and issuance of an Approved Contractor license.

Regards,

Wolfgang G. Kirstein, E.I.T.

Wolfgry Kinteln

Civil Engineer

CC: William C. Copithorne, P.E., Assistant Town Engineer

File



# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

# APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3320.

| Department at 781-316-3320.  |
|--|
| Scope of Work  |
| Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):  |
| □ Water □ Sanitary Sewer □ Stomwater Drainage ☑ Sewer/Drain Inspection □ Driveway Work □ Curb/Sidewalk Worl  |
| Applicant Information  |
| Applicant/Firm Name: 128 Plumbing Heating Cooking Electric and Drains  |
| Select One: Partnership Proprietorship Other:  |
| Street Address: &8 Founday Street City/Town: Wallefield State: MA Zip Code: 01880  |
| Primary Phone: E-mail:   |
| Length of Time in Business under the same Firm Name: 32 Years  |
| Full Name(s) of Principal(s): Ryan Williams  |
| Primary Contact Person: Dom Federico / Alex Minter   |
| Experience/Previous Work   |
| Nature of Typical/Standard Work: Pipe Lining   |
| Have you ever performed this type of work in Arlington:  |
| If Yes, Please provide Location: 19 Williams Street Approximate Date: 626 6.5-24   |
| Total Amount of such construction this year: \$850,000   |
| Total Amount of such construction last year: # 1,000,000   |
| Total Amount of such construction next previous year: \$1,200,000  |
| Municipal References - Please Attach Written Reference Letters or Provide Contact Information  |
| Municipality: Medford - Water / DPW  |
| D 44   |
| Municipality: Newton - DPW   |
| Primary Contact Name: Christopher Casto Email: Chastopher Manger   |
| Municipality:  |
| Primary Contact Name: Email:   |
| Banking/Financial References - Please Attach Written Reference Letters if Available  |
| Bank Reference: Phone:   |
| Your social security number or federal identification number will be furnished to the  Massachusetts Department of Revenue to determine whether you have not less filters.   |
| Note to Town Staff: Redact Social Security # before releasing document delinquency will be subject to license suspension or revocation. This request is made   |
| under the authority of Massachusetts General Law, Chapter 62C, Section 49A.  Signature/Endorsement   |
| By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by ignature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Select Board and/or Department of Public Works may establish. |
| pplicant Signature: Olexaninter Date: 7-20-24 Reset Form   |
| Print Form   |



#### TOWN OF ARLINGTON Department of Public Works 51 Grove Street Arlington, Massachusetts 02476

Office (781) 316-3320 Fax (781) 316-3281

#### **MEMORANDUM**

To:

Select Board

From: Engineering Division

Re:

Approved Contractor License

Date: August 13, 2024

#### Dear Board Members,

Reference is hereby made to an application by Constandinos Ioakimidis of Steve & Sons Contracting, Inc. to be accepted as an Approved Contractor in the Town of Arlington.

#### Contact information is as follows:

Steve & Sons Contracting, Inc. Constandinos (Dean) Ioakimidis. 156 North Street Medford, MA 02155 Phone: 781-646-7955

Email:

As a previously approved contractor in good standing, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

Wolfgang G. Kirstein, E.I.T.

Wolfgary Kirstein

Civil Engineer

CC: William C. Copithorne, P.E., Assistant Town Engineer

File



# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

# APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3320.

|   |  |                | 5                      | Scope of Wor      | k                                 | A 24.25 4.3                          | Marie Comment  | White the same                                 | 30,700     | The State of  | Market Control       |
|---|--|----------------|------------------------|-------------------|-----------------------------------|--------------------------------------|--|--|------------|---|----------------------|
| Please i  | indicate the scope of wo   | rk you Inten   | d to perform as a      | DPW Approve       | d Cor                             | ntractor                             | in the Tow   | n of Arlin                                     | naton (o   | hook all that a   |                      |
| ⋈ Water   | X Sanitary Sewer   | X Storm        | vater Drainage         | Sewer/Di          |                                   |                                      |  | riveway W                                      |            |   |                      |
|   |  |                | Appl                   | icant Inform      |                                   |                                      | [H 2   | Tromay vi                                      | TOIK       | X Curb/Sie  | Jewalk Wor           |
| Applicant/Fire  | m Name:  |                |                        |                   |                                   | Contracti                            | ing Inc  | ALL STEEL                                      | A Park     | dr. as to be  |                      |
| Select One:   | Corporation  | Г              | Partnership            | Proprieto         |                                   |                                      |  |  |            |   |                      |
| Street Address  | 156  | North Street   |                        | City/Town:        | ish                               | Medfor                               | Other  | State:   |            | 71-0-1  |                      |
| Primary Phone   | e: (781)   | 646-7955       | E-mail:                | _                 | 1                                 |                                      |  | Sinte:   | MA         | Zip Code: _   | 02                   |
| Length of Time  | e in Business under the s  | ame Firm Na    | me:                    | •                 |                                   |                                      | 28   |  |            |   |                      |
| Full Name(s) of                                       | f Principal(s);  |                |                        | Constand          | inos (I                           | Dean) Ioa                            | 10.400   |  |            |   |                      |
| Primary Conta   | et Person:   |                |                        |                   |                                   | kimidis                              |  |  |            |   |                      |
|   |  |                | Experie                | nce/Previous      |                                   |                                      | e de la companya de l | - 40 195                                       | 77-79      |   |                      |
| Nature of Typic                                       | cal/Standard Work:   |                | -                      |                   |                                   | al Contra                            | ting   | The Part Land                                  | 11.11.11.1 | Contract Contract   | ristant a            |
| Have you ever p                                       | performed this type of w   | ork in Arling  | on;                    | X Yes             |                                   | - Contra                             | ······B  |  |            |   |                      |
|   | rovide Location:   |                | Spy Pond Parky         |                   |                                   |                                      | Annuaut  | ∐ No   |            |   |                      |
| Fotal Amount o  | f such construction this   | year:          |                        |                   |                                   |                                      | Approxima  | le Date:                                       |            | 2019-2021   |                      |
|   | f such construction last y   | -              |                        |                   |                                   |                                      |  |  |            |   |                      |
|   | f such construction next   |                | ·!                     |                   |                                   |                                      |  |  |            |   |                      |
|   | Municipal Referen  |                |                        | an Rafavana       | Tatt                              | tono on                              | D  |  | -          |   |                      |
| Aunicipality:   |  |                | - Interest             | Town of Ar        |                                   |                                      | Provide C  | ontact   | Inform     | ation   |                      |
| P   | rimary Contact Name:   |                |                        |                   | B.OII                             |                                      |  |  |            |   |                      |
| Municipality:   | -  |                |                        | T                 |                                   |                                      | Email:   |  |            |   |                      |
| _   | rimary Contact Name:   |                |                        | Town of Be        | lmont                             |                                      |  |  |            |   |                      |
| Aunicipality:   | -  |                |                        |                   |                                   | 1                                    | Email:   |  |            |   |                      |
| -   |  |                |                        | City of Cam       | bridge                            |                                      |  |  |            |   |                      |
| P   | Primary Contact Name:  |                |                        |                   |                                   |                                      | Email:   |  |            |   |                      |
| ank Reference:  | Banking/Fin  |                | rences - Please        | Attach Writ       | ten I                             | Referen                              | ce Letters   | if Avai  | lable      |   | 100                  |
| iik Keierence:  |  |                | Citizens Bank          |                   |                                   |                                      | Phone:   |  |            | 551-6151  |                      |
|   | r Social Security #:<br>wn Staff: Redact Social S  | Security # ner | ore releasing docum    | nent del          | lax payı<br>inquenc               | ment oblig<br>cy will be             | runent of Reve<br>ations, Licens<br>subject to licen   | enuo to deter<br>es who fail t<br>ise suspensi | mine whe   | mber will be furnisher you have me<br>their non-filing or<br>cation. This reque<br>ter 62C, Section 4 | t tax filing         |
|   |  |                | Signatur               | e/Endorsem        | ent                               |                                      |  |  |            | VALUE OF STREET   | APPORT OF THE SECOND |
| y signing below, I<br>nature below that<br>license as | certify that under the penal<br>I I/we have filed all state tax<br>s printed in the By-Laws of | the Town, and  | such other rules and r | egulations as the | elief all<br>Iso here<br>Select I | l informat<br>eby agree<br>Board and | ion on this ap<br>to conform in<br>Vor Departme  | plication is<br>all respect<br>ent of Public   | true and   | correct. I also conditions govern   | ertify by            |
| plicant Signatu                                       | re: Consta   | indino         | s Soakir               | nidis.            |                                   |                                      |  |  |            | Reset Fo  | orm I                |
|   |  |                | 1 - 04001              |                   |                                   | _                                    | 107-1  | 1-10   | 14         | Print Fo  | rm                   |

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 FAX 781-316-3029

## TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

August 14, 2024

Mark Marinelli Triad Associates, Inc. Haverhill, MA 01830

Dear Mark:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, August 19, 2024 at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, August 15<sup>th</sup> by 7:00 p.m.

Please contact this office by email, ckalogeropoulos@town.arlington.ma.us, if you have any questions.

Very truly yours, SELECT BOARD

Caroline Kalogeropoulos Administrative Assistant



#### **MEMORANDUM**

To:

Select Board

From: Engineering Division

Re:

Approved Contractor License

Date: August 13, 2024

#### Dear Board Members,

Reference is hereby made to an application by Mark Marinelli of Triad Associates Inc., to be accepted as an Approved Contractor in the Town of Arlington.

#### Contact information is as follows:

Triad Associates Inc. Mark Marinelli 100 Downing Avenue Haverhill, MA 01830 Phone: 978-373-4223

Email:

Upon review of the application supplied by the contractor, we recommend approval and issuance of an Approved Contractor license.

Regards,

Wolfgang G. Kirstein, E.I.T.

Wolfgang Kostein

Civil Engineer

William C. Copithorne, P.E., Assistant Town Engineer CC:



# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

# APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3320.

| Department at 781-316-3320.  |  | 0                                     |
|--|--|---------------------------------------|
|  | of Work  |                                       |
| Please indicate the scope of work you intend to perform as a DPW A   | pproved Contractor in the Town of Arlington (c   | heck all that apply):                 |
| ☐ Water ☐ Sanitary Sewer ☐ Stormwater Drainage ☐ So  | ewer/Drain Inspection Driveway Work  | Curb/Sidewalk Work                    |
| , Applicant I  | nformation   |                                       |
| Applicant/Firm Name: Triad Associates Inc  | •  |                                       |
| Select One: Corporation Partnership P  | Proprietorship Other:  |                                       |
| Street Address: 100 Downing Ave City/To  | OVEN: Haverhill State: Ma  | Zip Code:                             |
| Primary Phone: (978) 373 - 4223 E-mail:  | ,,,,   | 50                                    |
| Length of Time in Business under the same Firm Name: 40 years  | 1 .  | - <u>L</u>                            |
| Full Name(s) of Principal(s): John Merck   |  | •                                     |
| Primary Contact Person: Mack Marinells   |  | •                                     |
| Experience/Pr  | evious Work  |                                       |
| Nature of Typical/Standard Work: Decorative Cond   | rrete.   |                                       |
| Have you ever performed this type of work in Arlington:  | Yes No   |                                       |
| If Yes, Please provide Location: 6 Brattle Terrace.  | Approximate Date: 2  | 0/5                                   |
| Fotal Amount of such construction this year: \$ 20,000,000   |  |                                       |
| Total Amount of such construction Inst year:     20,000,000  |  |                                       |
| Total Amount of such construction next previous year: \$ 20,000,000  |  | ,                                     |
| Municipal References - Please Attach Written Ref   |  | nation                                |
| dunicipality:  |  |                                       |
| Primary Contact Name   | En   | · · · · · · · · · · · · · · · · · · · |
| Municipality:  |  | · · · · · · · · · · · · · · · · · · · |
| Primary Contact Name:  | Email:   | i                                     |
| Municipality:  |  |                                       |
| Primary Contact Name:  | Email:   |                                       |
| Banking/Financial References - Please Attac  |  |                                       |
| ank Reference:   | Phone:   | •                                     |
| ederal Tax ID or Social Security #:  | Your social security number or federal identification n  | umber will be furnished to the        |
| Note to Town Staff: Redact Social Security # before releasing document   | Massachusetts Department of Revenue to determine w<br>or tax payment obligations. Licenses who fail to correc<br>delinquency will be subject to license suspension or res<br>under the authority of Massachusetts General Law, Chi | their non-filing or                   |
| Signature/Enc  | dorsement  | pret ozc, seenon 49A.                 |
| By signing below, I certify that under the penalties of perjury that to the best of my knowle gnature below that I/we have filed all state tax returns and paid all state taxes as required below that I/we have filed all state tax returns and paid all state taxes as required because it is a printed in the By-Laws of the Town, and such other rules and regulation. | edge and belief all information on this application is true an   | anditions university                  |
| pplicant Signature: Ma. V. Ma. 1. a. a. l.   | Date: \$19/2.4   | Reset Form                            |
| - WINGSOF WINDER   |  | Print Form                            |

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 FAX 781-316-3029

## TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

August 13, 2024

Philip McLaughlin McLaughlin Corp., LLC Everett, MA 02149

Dear Philip:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, August 19, 2024 at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, August 15<sup>th</sup> by 7:00 p.m.

Please contact this office by email, ckalogeropoulos@town.arlington.ma.us, if you have any questions.

Very truly yours, SELECT BOARD

Caroline Kalogeropoulos Administrative Assistant



#### **MEMORANDUM**

To:

Select Board

From: Engineering Division

Re:

Approved Contractor License

Date: August 13, 2024

Dear Board Members,

Reference is hereby made to an application by Philip McLaughlin of McLaughlin Corp LLC, to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

McLaughlin Corp LLC Philip McLaughlin

Everett, MA 02149

Phone:

Email:

n

As a previously approved contractor in good standing, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

Wolfgang Kirstein Wolfgang G. Kirstein, E.I.T.

Civil Engineer

CC:

William C. Copithorne, P.E., Assistant Town Engineer

File



Applicant Signature:

#### TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

#### **APPLICATION FOR** TOWN OF ARLINGTON DPW CONTRACTOR LICENSE JUL 22 '24 AM 9:03

Reset Form

**Print Form** 

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering

| Department at 781-316-3320.  |  |
|--|--|
|  | Scope of Work  |
|  | m as a DPW Approved Contractor in the Town of Arlington (check all that apply):  |
| Water Sanitary Sewer Stomwater Drainag   | gc Sewer/Drain Inspection Driveway Work Curb/Sidewalk Work   |
|  | Applicant Information  |
| Applicant/Firm Name: // / / / / / / / / / / / / / / / / /  | N CORP LCC   |
| Select One: Corporation Partnershir  | Proprietorship Other:  |
| Street Address:  | City/Town: Everyeth State: MA Zip Code: 0211.9   |
| Primary Phone:   | E-mail:  |
| Length of Time in Business under the same Firm Name:   | 25 Years   |
| Full Name(s) of Principal(s): Toana  | P Mc Lough IN  |
| Primary Contact Person: Philip MC La   | rughki   |
| Ex   | xperience/Previous Work  |
| Nature of Typical/Standard Work: Bullet  | 1/66   |
| Have you ever performed this type of work in Arlington:  | TVes No  |
| If Yes, Please provide Location: 14 Properto   | as Way Approximate Date: 9/29 -  |
| Total Amount of such construction this year:   | 300K.  |
| Total Amount of such construction last year: '75   | 504  |
| Total Amount of such construction next previous year:  | 7284   |
| Municipal References - Please Attach   | Written Reference Letters or Provide Contact Information   |
| Municipality: STONEHAM / CUT & 1   | CAP TO HOUSE II FULLER ST  |
| Primary Contact Name: BRET GO  | NVALES Email: WWW. Stoneham - MA. gov  |
| Municipality MREADING / 35 Geole   | erst New WHIER MAIN  |
| Primary Contact Name: Dan 0 2  | Ponnell Donnell al north reading ma.   |
| Municipality: 14 Propertors HAY  | ARCINGTON/ NEW WATER LINE  |
| Primary Contact Name: BILL CO  | OPPERTHORNE Email: Worklepitherne atoun and ingto  |
|  | Please Attach Written Reference Letters if Available   |
| ank Reference: LAST COMP SOUN  | 195 Bank Phone: 6/7-551-2570 Lair  |
| ederal Tax ID or Social Security #:  | cial security number or federal identification number will be furnished to the husetts Department of Revenue to determine whether you have met tax filing  |
| Note to Town Staff: Redact Social Security # before release  | syment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made   |
| Si   | under the authority of Massachusetts General Law, Chapter 62C, Section 49A.  |
| By signing below, I certify that under the penalties of perjury that to the bignature below that I/we have filed all state tax returns and paid all state to | nest of my knowledge and belief all information on this application is true and correct. I also certify by axes as required by law. I also hereby agree to conform in all respects to the conditions governing such the said and/or Department of Public, Works may establish. |

Date:

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 FAX 781-316-3029

## TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

August 13, 2024

Alex Minter 128 Plumbing Heating Cooling Electric and Drains Wakefield, MA 01880

Dear Alex:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, August 19, 2024 at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, August 15<sup>th</sup> by 7:00 p.m.

Please contact this office by email, ckalogeropoulos@town.arlington.ma.us, if you have any questions.

Very truly yours, SELECT BOARD

Caroline Kalogeropoulos Administrative Assistant



#### **MEMORANDUM**

To:

Select Board

From: Engineering Division

Re:

Approved Contractor License

Date: August 13, 2024

#### Dear Board Members,

Reference is hereby made to an application by Alex Minter of 128 Plumbing Heating Cooling Electric and Drains, to be accepted as an Approved Contractor in the Town of Arlington.

#### Contact information is as follows:

128 Plumbing Heating Cooling Electric and Drains Alex Minter 88 Foundry Street Wakefield, MA 01880 Phone:

Email:

Upon review of the application supplied by the contractor, we recommend approval and issuance of an Approved Contractor license.

Regards,

Wolfgary Kirstein Wolfgang G. Kirstein, E.I.T.

Civil Engineer

CC:

William C. Copithorne, P.E., Assistant Town Engineer

File



## TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

#### APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3320.

| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | of Work  |  |  |
|--|--|--|--|
| Please indicate the scope of work you intend to perform as a DPW A   | approved Contractor in the   | Town of Arlington (cl  | eck all that apply):   |
| ☐ Water ☐ Sanitary Sewer ☐ Stormwater Drainage ☒, S  | ewer/Drain Inspection  | Driveway Work  | Curb/Sidewalk Work   |
| Applicant 1  | Information  |  | <b>第三十四年第二十四</b>   |
| Applicant/Firm Name: 128 Plumbing Heating Coolin   | & Electric and Dro   | 33.n <b>s</b>  |  |
| Select One: Corporation Partnership  | Proprietorship   | Other:   |  |
| Street Address: & Foundry Street City/T  | own: Wakefield   | State: MA  | Zip Code: 01880  |
| Primary Phone: E-mail:   |  | $\underline{\gamma}$   |  |
| Length of Time in Business under the same Firm Name: 32 Year   | S  |  | _  |
| Full Name(s) of Principal(s): Ryan Williams  |  |  |  |
| Primary Contact Person: Dom Federico / Alex Minter   |  | 2  |  |
| Experience/P   | revious Work   |  |  |
| Nature of Typical/Standard Work: Pipe Lining   |  |  |  |
|  | Yes  | No   | -  |
| If Yes, Please provide Location: 19 Williams Street  | Appro  | oximate Date: (32  | 6 6-5-24   |
| Total Amount of such construction this year: 男 多ちつ, 000  | -  |  |  |
| Total Amount of such construction last year: 1,000,000   |  |  | -  |
| Total Amount of such construction next previous year: \$1,200,000  |  |  |  |
| Municipal References - Please Attach Written Re  | eference Letters or Prov   | ide Contact Inform   | nation   |
| Municipality: Medford - Water / DPW  |  |  |  |
| Primary Contact Name: Dan Stonehing  | Email  | DStonehing @   | Omedford -ma, go   |
| Municipality: Newton - DPW   |  | 3  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           |
| Primary Contact Name: Christopher Casto  | Email  | : Clastopnen   | ton ma, gov  |
| Municipality:  |  |  |  |
| Primary Contact Name:  | Email  | l:   |  |
| Banking/Financial References - Please Atta   | ch Written Reference L   | etters if Available  |  |
| Bank Reference:  | Pho  | one:   |  |
| Federal Tax ID or Social Security #:   |  |  | umber will be furnished to the<br>hether you have met tax filing |
| Note to Town Staff: Redact Social Security # before releasing document   | <ul> <li>or tax payment obligations<br/>delinquency will be subject</li> </ul> | s. Licenses who fail to correct  | t their non-filing or vocation. This request is made             |
| Signature/Er   |  | The state of the s | april one of occuping 1971.                                      |
| By signing below, I certify that under the penalties of perjury that to the best of my know signature below that I/we have filed all state tax returns and paid all state taxes as required license as printed in the By-Laws of the Town, and such other rules and regula | I by law. I also hereby agree to co  | nform in all respects to the   | conditions governing such  |
| Applicant Signature: Olexmenter  | Date:  | 7-20-24  | Reset Form   |
| - 0,0.000  |  | <del></del>  | Print Form   |



#### **Town of Arlington, Massachusetts**

#### Acceptance of Funds for the 2024 Battle Reenactment

Summary:

Christine Bongiorno, Deputy Town Manager-Operations

**ATTACHMENTS:** 

Type File Name Description

Part Reference ApprovalofFunds08152024\_(1).pdf Memo



## Town of Arlington Office of the Town Manager

730 Massachusetts Avenue Arlington, MA 02476

Tel: (781) 316-3002

#### **MEMO**

TO: Select Board

FROM: Christine Bongiorno, Deputy Town Manager-Operations

DATE: August 15, 2024

RE: Funds received, approval requested

The Town Manager's Office received a \$25,000 contribution from Leader Bank for the 2024 Battle Reenactment that took place in April 2024. Funds have been used to cover costs associated with the battle including public safety costs and reenactor costs. Approval to receive the funds is requested.

| Amount Rec |        | Received | Use                      | Source      | Department     |
|------------|--------|----------|--------------------------|-------------|----------------|
|            |        | April    | 250 <sup>th</sup> Battle |             | Town Manager's |
| \$         | 25,000 | 2024     | Reenactment 2024         | Leader Bank | Office         |



#### **Town of Arlington, Massachusetts**

Jason Russell House / Arlington Historical Society Beer Garden Special (One Day) Beer & Wine License Amendments

#### Summary:

Alcohol Serving Time Revision for the Rest of the Season

Previous: 1:00pm - 6:00pm New Request: 1:30pm - 6:30pm

<u>Arlington Town Day Request</u> Serving Time: 12:00pm - 6:30pm



#### Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License 09/08/2024 @ Robbins Memorial Town Hall for a Private Event

Summary:

Martha Ingols

ATTACHMENTS:

Type File Name Description

Reference
Material

Ingols\_M\_Town\_Hall\_Private\_Event\_090824.pdf Reference

### OFFICE OF THE SELECT BOARD TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

### SPECIAL ALCOHOL LICENSE APPLICATION

| Name of Applicant: <u>Martha Ingols</u>  |
|--|
| Address, phone & e-mail contact information:   |
|  |
|  |
| Name & address of Organization for which license is sought:  |
| Beaujolais Catering207 Broadway Arlington, Ma. 02474   |
| Does this Organization hold nonprofit status under the JRS Code? Yes X   |
| Name of Responsible Manager of Organization (if different from above):   |
| Michelle Noska   |
|  |
| Address, phone & e-mail contact information:   |
| 207 Broadway Arlington, Ma. 02474 617-519-6081, Michelle@beaujolaiscatering.com  |
| 207 Disaway 7 mington, Wa. 02 17 10 10 000   Miloricine@beautolalscatening.com   |
|  |
| Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year?yesif so, please give date(s) of Special Licenses and/or applications and title of event(s). |
| Is this event an annual or regular event? If so, when was the last time this event was held and at what location?  |
| One time event   |
| 24-Hour contact number for Responsible Manager of Alcohol Event date:  |
| T  |

| Title of Event: Memorial Gathering   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Date/time of Event: Sunday, September 8, 2024 9 am - 3 p   |  |  |  |  |  |  |
| Location of Event: Arlington Town Hall   |  |  |  |  |  |  |
| Location/Event Coordinator: Patsy Kraemer  |  |  |  |  |  |  |
| Method(s) of invitation/publicity for Event:personal invite  |  |  |  |  |  |  |
| Number of people expected to attend:   |  |  |  |  |  |  |
| Expected admission/ticket prices: N/A  |  |  |  |  |  |  |
| Expected prices for food and beverages (alcoholic and non-alcoholic):  |  |  |  |  |  |  |
| N/A  |  |  |  |  |  |  |
| Will persons under age 21 be on premises?  |  |  |  |  |  |  |
| If "yes," please detail plan to prevent access of minors to alcoholic beverages.  bartending staff will id everyone  |  |  |  |  |  |  |
| Have you consulted with the Department of Police Services about your security plan for the Event?  YES   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| OFFICE USE ONLY  |  |  |  |  |  |  |
| For Police Chief, Operations Commander, or designee:   |  |  |  |  |  |  |
| Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.  Printed name/title  Date: |  |  |  |  |  |  |
| POLICE COMMENTS:   |  |  |  |  |  |  |
| Request one safety detail  |  |  |  |  |  |  |

| alcohol Special Licenses are available only to nonprofit organizations.)  |
|---|
| Beer wine seltzers  |
| What types of food and non-alcoholic beverages do you plan to serve at the Event?  Sodas ice tea lemonade full lunch menu   |
| Who will be responsible for serving alcoholic beverages at the Event?  Beaujolais bartending staff  |
| What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.  TIPS certification |
| Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.  |
| CPROPYGNATIO RILEGENITAS,   |
| Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: <a href="https://www.mass.gov/abcc">www.mass.gov/abcc</a> )   |
| Kappys Everett  |
| Date of Delivery: Saturday, September 7   |
| Alcohol Serving Time (s): 11:30 am – 2:00 pm  |
|   |

| How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed.   | 3 <b>e</b> 0 |
|--|--------------|
| of?  Kappy';s will pick up excess alcohol.   |              |
|  |              |
| Date of Pick-Up: Mon. September 9, 2024  |              |
| Please provide details (insurance company, type of policy, name of insured, and policy lim of any relevant insurance coverage for the Event, included but not limited to General Liab and Liquor Liability insurance. (You may be asked to supply a certificate or other proof adequate insurance coverage.) | ility        |
|  |              |
| Please submit this completed form and filing fee to the Select Board at least 21 da before your Event. Failure to provide complete information may delay the processing your application.  | ays<br>Joi   |
| before your Event. Failure to provide complete information may delay the processing  | ays<br>JO    |
| before your Event. Failure to provide complete information may delay the processing your application.  I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:   | ays<br>J O   |
| before your Event. Failure to provide complete information may delay the processing your application.  I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:  Signature:   | ays<br>I O   |
| before your Event. Failure to provide complete information may delay the processing your application.  I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:   | ays          |
| before your Event. Failure to provide complete information may delay the processing your application.  I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:  Signature:  Printed name: Martha Ingols  | ays          |



### ROBBINS MEMORIAL TOWN HALL AUDITORIUM 730 Massachusetts Avenue, Arlington, Ma. 02476

5 August 2024

### SECURITY PLAN FOR INGOLS MEMORIAL GATHERING

The Ingols family is holding a Memorial Gathering on Sunday, September 8, 2024. The event is scheduled for 10:00 am to 2:00 pm at the Arlington Town Hall. A One-Day Permit has been submitted to the Select Board.

This is the Security Plan.

We anticipate approximately 175 people to attend, including some children.

Patsy Kraemer will be the event coordinator for the event. Food and bartending service will be provided by Beaujolais Catering. Greg Stathopoulos will be the custodian for the event. The Ingols family will be responsible for ensuring that the party runs smoothly. A fire services detail will be hired for the event.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MANDD/YYYY) 04/01/2024

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

| REPRESENTATIVE OR PRODUCER, AN  | D TH                      | E DO             | RTIFICATE HOLDER,                               | CONTR                          | ACT BETWE                  | EN THE ISSI                |  | IORIZED              |       |
|---|---------------------------|------------------|---|--------------------------------|----------------------------|----------------------------|--|----------------------|-------|
| IMPORTANT: If the certificate holder is<br>If SUBROGATION IS WAIVED, subject to<br>this certificate does not confer rights to   | an A                      | DDIT             | IONAL INSURED, the post than                    | nollow a                       | artain nellele             | ODITIONAL<br>s may requir  | INSURED provisions or<br>e an endorsement. A s         | be endor<br>latement | sed.  |
| PRODUCER  | tite                      | Cerui            | icate nolder in lieu of si                      | uch enac                       | rsement(s).                | cial Lines                 |  |                      |       |
| Prescoll and Son Insurance Agency, Inc.   |                           |                  |   | NAME<br>PHON                   | t (704)                    |                            | LEAV   |                      |       |
| 963 Eastern Avenue  |                           |                  |   | E-MAII<br>ADDR                 | L EXIS:                    | 322-2350                   | FAX<br>(A/C, 1)  | o);                  | ·     |
| Maiden  |                           |                  | MA 02148  |                                | 7 1 01                     |                            | ORDING COVERAGE  |                      | NAIC# |
| INSURED   |                           |                  | NIA 02140                                       | INSUR                          | ~~~~                       | ly Fire Ins Co             |  |                      | 29459 |
| Michelle C Noska  |                           |                  |   | INSURER B: Safety Insurance Co |                            |                            |  |                      | 39454 |
| 2078 Broadway   |                           |                  |   |                                |                            |                            |  |                      |       |
| ,   |                           |                  |   | INSUR                          |                            |                            |  |                      |       |
| Arlington   |                           |                  | MA 02474  | INSUR                          |                            |                            |  |                      |       |
| COVERAGES CERT  | TIFIC                     | ATE              | NUMBER: Master 202                              | 4-2025                         |                            |                            | REVISION NUMBER:                                       | ·                    |       |
| THIS IS TO CERTIFY THAT THE POLICIES OF II<br>INDICATED. NOTWITHSTANDING ANY REQUIR<br>CERTIFICATE MAY BE ISSUED OR MAY PERTA<br>EXCLUSIONS AND CONDITIONS OF SUCH POL  | IN, TI<br>LICIE:          | HE INS<br>S. LIM | SURANCE AFFORDED BY T<br>BITS SHOWN MAY HAVE BE | IN COMIK                       | ACT OR OTHER               | R DOCUMENT                 | BOVE FOR THE POLICY PE                                 |                      |       |
| HOLD THE OF MANDALINA   | ADDL                      | SUBR             | POLICY NUMBER                                   |                                | POLICY EFF<br>(MAVOD/YYYY) | POLICY EXP<br>(MM/OD/YYYY) | 1111   | IITS                 |       |
| COMMERCIAL GENERAL LIABILITY  |                           |                  |   |                                | Cantoniiii                 | AGRANDON 1111)             | EACH OCCURRENCE  | 3 1,000              | 0.000 |
| CLAIMS-MADE X OCCUR   |                           |                  |   |                                |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)           | \$ 1,000             |       |
|   |                           |                  |   |                                |                            |                            | MED EXP (Any one person)                               | \$ 5,000             |       |
| A   | Y                         |                  | 08SBAAA8353                                     | İ                              | 04/09/2024                 | 04/09/2025                 | PERSONAL & ADV INJURY                                  | s 1,000              |       |
| GENLAGGREGATE LIMIT APPLIES PER:  |                           |                  |   |                                |                            |                            | GENERALAGGREGATE                                       | \$ 2,000             | ,000  |
| POLICY PRO-   |                           |                  |   |                                |                            |                            | PRODUCTS - COMPJOP AGG                                 | \$ 2,000             | ,000  |
| OTHER: AUTOMOBILE LIMBILITY   |                           | 1                |   |                                |                            |                            |  | \$                   |       |
| ANY AUTO  |                           |                  |   |                                |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)                 | \$ 1,000             | .000  |
| B OWNED SCHEDULED   |                           | 0007007          | 6227097   |                                |                            |                            | BOBILY INJURY (Per person)                             | \$                   |       |
| HIRED AUTOS NON-OWNED   |                           |                  | 022/09/   |                                | 01/21/2024                 | 01/21/2025                 | BODILY INJURY (Per accident)                           | \$                   |       |
| AUTOS ONLY AUTOS ONLY   | - 1                       | -                |   | -                              |                            |                            | PROPERTY DAMAGE<br>(Per accident)                      | \$                   |       |
| UMBRELLA LIAB OCCUR   | $\dashv$                  |                  |   |                                |                            |                            |  | \$                   |       |
| EXCESS LIAB CLASS MADE  |                           |                  |   |                                |                            |                            | EACH OCCURRENCE  | \$                   |       |
| DEO RETENTION \$  | Ì                         | - 1              |   |                                | 1                          |                            | AGGREGATE  | \$                   |       |
| WORKERS COMPENSATION  | $\dashv$                  |                  |   | -                              |                            |                            | PER OTH-<br>STATUTE ER                                 | 5                    |       |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE Y/H   |                           | - 1              |   | - 1                            | į                          |                            |  |                      |       |
| (Mandalory in NH)   | 1/A                       |                  |   |                                |                            | -                          | E.L. EACH ACCIDENT                                     | \$                   |       |
| If yes, describe under DESCRIPTION OF OPERATIONS below  |                           |                  |   |                                |                            | Г                          | E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | 5                    |       |
| Liquor Liability  |                           |                  |   |                                |                            |                            | Each Common Cause                                      | \$1,000              | 0.000 |
| A   |                           | -                | 08SBAAA8353                                     |                                | 04/09/2024                 | 04/09/2025                 | Aggregate  | \$1,000              |       |
| PESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Per written contract, the Town of Arlington is an additional insured with respect to general flability. |                           |                  |   |                                |                            |                            |  |                      |       |
| •   |                           |                  | ····· Part to Sprinte                           | amenisy                        |                            |                            |  |                      | -     |
|   |                           |                  |   |                                |                            |                            |  |                      | 1     |
|   |                           |                  |   |                                |                            |                            |  |                      | 1     |
|   |                           |                  |   |                                |                            |                            |  |                      |       |
|   |                           |                  |   |                                |                            |                            |  |                      |       |
| ERTIFICATE HOLDER   |                           |                  |   | CANCE                          | LLATION                    |                            |  |                      |       |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  |                           |                  |   |                                |                            |                            |  |                      |       |
| 730 Mass Ave  | AUTHORIZED REPRESENTATIVE |                  |   |                                |                            |                            |  |                      |       |
| Arlington MA 02476 Joseph Scholnick   |                           |                  |   |                                |                            |                            |  |                      |       |

ACORD 25 (2016/03)



### Free Parking in the Russell Common Lot & Railroad Lot for Arlington Town Day 09/21/2024

Summary:

Katie Luzcai, Economic Development Coodinator

**ATTACHMENTS:** 

Type File Name Description

Reference Material Select\_Board\_Free\_Parking\_Town\_Day\_2024.pdf Free Parking Memo



### **TOWN OF ARLINGTON**

MASSACHUSETTS 02476 781 - 316 - 3090

### DEPARTMENT OF PLANNING and COMMUNITY DEVELOPMENT

#### **MEMORANDUM**

To: Stephen DeCourcey, Chair, Select Board

Jim Feeney, Town Manager

From: Katie Luczai – Economic Development Coordinator

Date: August 1, 2024

RE: Free Parking on Arlington Town Day - September 21, 2024

I would like to request that the Select Board approve free parking in the Russell Common and Railroad Municipal parking lots on Arlington's Town Day which is Saturday, September 21<sup>st</sup>, 2024.

Arlington's Town Day is a community wide celebration that brings residents, local businesses and neighbors together. Free parking in the municipal lots will provide further incentivize consumers to remain in Arlington Center and patronize our local businesses.

Thank you for your consideration.



### Temporary "No Parking" Signs on Bartlett Avenue on 09/21/2024

### ATTACHMENTS:

Type File Name Description

Reference Material Temp\_No\_Parking\_Signs\_Town\_Day\_Bartlett\_Ave\_Memo.pdf Memo

### OFFICE OF THE SELECT BOARD

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 781-316-3029 FAX

### TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

#### **MEMORANDUM**

TO: Select Board

FROM: Ashley Maher

**Board Administrator** 

DATE: July 31, 2024

RE: <u>Temporary "No Parking" Signs on the Westerly Side of Barlett</u>

Avenue for Arlington Town Day, September 21st, 2024

The Select Board Office received a request for temporary "No Parking" signs on only the Westerly side of Bartlett Avenue for Town Day.

- Bartlett Avenue, West Side, From Massachusetts Avenue until Gray Street
- No temporary restrictions to the East Side of Bartlett Avenue (Whole Foods side)

cc: Corey Rateau, Traffic and Parking Unit



Special Event: National Coffee with a Cop Day, October 2, 2024

Summary:

D

Suzanne Trunfio

**ATTACHMENTS:** 

Type File Name Description

Reference Special\_Event\_ApplicationMaterial Coffee\_with\_a\_cop.pdf Reference

### TOWN OF ARLINGTON SPECIAL EVENT PERMIT APPLICATION

### **Applicant and Sponsoring Organization Information**

| Name of C            | Organization / Spo | nsor:       |  |   |                       |
|----------------------|--------------------|-------------|--|---|-----------------------|
| Address:             |                    |             | City:  | State:  | Zip:                  |
| Applicant            | Name:              |             | Tel#:  |   |                       |
| E-mail:              |                    |             |  |   |                       |
| Event Mar            | nager:             |             |  | _Contact Info:  |                       |
| Other Con            | tact Person/s:     |             | Contac                                       | et Info:  |                       |
| <b>Event Info</b>    |                    |             |  |   |                       |
| ☐ Run/Wa Event Title |                    |             | □ Parade                                     |   | ☐ Event               |
| Start Date           | & Time(s):         |             | End Date & Ti                                | me(s):  |                       |
| Estimated            | Attendance: #      |             | Admission Fee                                | :   |                       |
| Open to th           | e Public:          | □ Yes       | □ No   |   |                       |
| Requested            | Location: Street ( | specify):   |  |   |                       |
|                      | Other              | (specify):  |  |   |                       |
| Set Up Da            | te/Time & Descrip  | otion:      |  |   |                       |
| Breakdow             | n Date/Time & De   | escription: |  |   |                       |
| NOTE: A              | ATTACH DIAG        | RAM OF RO   | OUTE WITH SPE                                | CIFICS  |                       |
| <b>Event Det</b>     | ails               |             |  |   |                       |
| YES                  | NO                 | Booth(s), E | Exhibit(s), Display(s)                       | chair(s)? Approximate and/or Enclosure(s): scribe dimensions: |                       |
|                      | • •                | •           | tion to insure the sa<br>departments below i | afety and health of all fit is not required.                  | participating in this |
| YES □                | NO<br>□            | Police Deta | ıil:   |   | (contact police)      |



### **Council on Aging**

Summary:

Elaine McNulty Knight (term to expire: 06/30/2027)

Marie Rapoza (term to expire: 06/30/2026)

**ATTACHMENTS:** 

Type File Name Description

Reference McNulty\_E\_Rapoza\_MCOA.pdf Reference



### Town of Arlington Office of the Town Manager

James Feeney Town Manager

730 Massachusetts Avenue Arlington MA 02476-4908 Phone (781) 316-3010

### **MEMORANDUM**

DATE:

August 14, 2024

TO:

Members of the Select Board

SUBJECT: Appointment to the Council on Aging

This memo is to request the Board's approval of my appointment of Elaine McNulty Knight, Arlington, MA, as a member on the Council on Aging with a term expiration date of 6/30/2027.

Town Manager

### **Elaine McNulty Knight**

#### Education

M.Ed.

1979 University of New Hampshire, Special Education

B.A.

1969 Merrimack College, Sociology

#### Professional Credentials and Certifications

Teaching Endorsement Special Education K-12, Specialty Learning Disabilities, New Hampshire Department of Education, 1980 – 2015

Teaching Endorsement in Elementary Education, Massachusetts Department of Education, 1972 - Present

Certification: Specialist in Assessment of Intellectual Functioning (SAIF), New

Hampshire Department of Education, 1985 - 2015

Endorsement: Administrator, Special Education, 1985 - 2015

#### **Present Position**

Senior Technical Assistance Consultant for American Institutes for Research Provide technical assistance related to Response to Intervention (RTI) and multi-tiered systems of support (MTSS) improving outcomes for all students but specifically for students with disabilities (SWD).

### **Professional Experience**

### State Facilitator for Collaboration for Effective Educator Development Accountability and Reform "CEEDAR" (2014 to Present)

The Ceedar Center is a national technical assistance center dedicated to supporting states in their efforts to develop teachers and leaders who can successfully prepare students with disabilities to achieve college and career ready standards. Work with states and institutions of higher education to improve teacher pre-service and in-service programs to improve outcome for students with disabilities. Provides leadership and expertise to teacher education faculty and state departments of education in high leverage and evidence-based practices for all students.

### **USVI** – **RTI Project** (2015 – 2018)

Provides onsite and virtual training and coaching in Response to Intervention (RTI) implementation in areas of literacy and differentiated instruction to four (4) elementary schools in St. Croix.



RTI Coach/Consultant for New Hampshire Department of Education (2009 – 2014) Lead for the State of New Hampshire in developing a comprehensive approach to the implementation of Response to Intervention (RTI) across the state through the application of implementation science. Provided technical assistance to the department of education RTI Leadership team in multi-tiered systems of support, data based decision making, progress monitoring.

Secured national expertise through the National Center on RTI to support New Hampshire efforts. Provided through a series of professional learning opportunities across the state. Facilitated the development of a series of resources and a guidance document which were posted on the state website for guidance in the implementation of RTI. Conducted RTI readiness assessments in districts as requested.

Director of Student Services, Newmarket, New Hampshire (1997-2009)
Responsible for the daily operation and supervision of K-12 special education programs and services.

Promoted an" inclusion and shared responsibility" approach to the delivery of special education services. One of the first in the state to introduce a response to intervention mode I (RTI). Implemented a universal screener and multi-tiered systems of support (MTSS) for all students K-8. Led the district in implementation efforts by providing professional development to regular education and special education teachers in curriculum based measurement, literacy interventions, differentiated instruction and evidenced based practices. Sustained use of evidence based practices and the application of a multi-tiered system of support reduced referrals to special education over a three year period and steadily increased proficiency scores in reading.

Additional accomplishments include the coordination and development of a secondary transition program, alignment of IEP's with state standards and core curriculum and securing grants and funding to support existing programs and develop new initiatives

### Instructor, Granite State College, New Hampshire (2009)

Course taught: Dynamic Assessment

### **Employment History**

| 2014-Present | Senior Technical Assistance Consultant for American Institute for |
|--------------|---|
|              | Research  |
| 2009-2014    | RTI Coach Consultant for NH Department of Education               |
| 1997-2009    | Director of Student Services, Newmarket School District, SAU #31  |
| 2009-2009    | Instructor, Granite State College                                 |
| 1995–1997    | Director of Special Education, Somersworth, SAU #56               |
| 1991-1995    | LD Coordinator, Winnacunnet High School, SAU #21                  |
| 1991–1995    | Instructor, Visiting Lecturer, Rivier College                     |
| 1989–1991    | Director of Special Education, Kingston/Newton, SAU #17           |
| 1979-1989    | Director of Special Education, SAU #16                            |
| 1972-1979    | Director of Title I, Exeter, SAU #16                              |
| 1970-1972    | Teacher, St. Mary's Melrose, MA                                   |



### **Professional Affiliations**

Council for Exceptional Children (CEC)
Association for Supervision and Curriculum Development (ASCD)
New Hampshire Association of Special Education Administrators (NHASEA)





### Town of Arlington Office of the Town Manager

James Feeney Town Manager

730 Massachusetts Avenue Arlington MA 02476-4908 Phone (781) 316-3010

### **MEMORANDUM**

DATE:

August 14, 2024

TO:

Members of the Select Board

SUBJECT: Appointment to the Council on Aging

This memo is to request the Board's approval of my appointment of Marie Rapoza, Arlington, MA, as a member on the Council on Aging with a term expiration date of 6/30/2026.

Town Manager

From: Marie Rapoza < MJPeixinho14@hotmail.com>

Sent: Monday, June 3, 2024 10:05 PM

To: Kristine Shah <kshah@town.arlington.ma.us>

Subject: Re: Photo from Winter Ball

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders. Kristine,

Thank you for seeing me today and for the conversation that we had about the Council on Aging Board.

I would enjoy being a member of the board. First of all I enjoy just being involved in the activities that the C.O.A

Provides but it also gives me an opportunity to be with people, other seniors. I think there is such a need for the contact that we get just being together.

As you know, I'm new to Arlington. And I do believe that The Arlington Senior Center was so helpful in my adjusting to a new community.

I have learned so much about Arlington just from attending the board meetings and I wish more seniors would attend. My hope is to just bring in more seniors. I think we all need a place that cares.

By the way the staff is super !! Marie Rapoza



### **LGBTQIA+ Rainbow Commission**

Summary:

D

Sara Goodrich (term to expire: 01/31/2026)

**ATTACHMENTS:** 

Type File Name Description

Reference Material Goodrich\_S\_Rainbow\_Appointment.pdf Reference



### Town of Arlington Office of the Town Manager

James Feeney Town Manager 730 Massachusetts Avenue Arlington MA 02476-4908 Phone (781) 316-3010

### **MEMORANDUM**

DATE:

June 20, 2024

TO:

**Board Members** 

SUBJECT: Appointment to the LGBTQIA+ Rainbow Commission

This memo is to request the Board's approval of my appointment of Sara Goodrich, Arlington, MA, as a member on the LGBTQIA+ Rainbow Commission with a term expiration date of January 31, 2026.

Town Manager

#### OFFICE OF THE SELECT BOARD

STEPHEN W. DECOURCEY, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD LENARD T. DIGGINS ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 FAX781-316-3029

### TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

July 17, 2024

Sara Goodrich Arlington, MA 02474

Re: Appointment: LGBTQIA+ Rainbow Commission

Dear Sara:

As a matter of the standard appointment procedure, the Select Board requests that you attend the Select Board meeting conducted by hybrid format, on Monday, July 22, 2024, at 7:15 p.m.

It is a requirement of the Select Board that you join this hybrid meeting. This will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

You may attend the meeting in-person or virtually. The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted on Thursday, July 18, at 7:00 p.m.

Please contact this office by e-mail, <a href="mailto:SBadmin@town.arlington.ma.us">SBadmin@town.arlington.ma.us</a>, if you have any questions.

Thank you.

Very truly yours, SELECT BOARD

Ashley Maher Board Administrator

### Sara J. Goodrich BSN, RN, CDDN

F

### Professional Nursing Experience:

### Bay Cove Human Services, Boston, MA April 2007 – Present Director of Health Services July 2018 - Present

- Develop, implement, and supervise all health care functions of the Division including Nurse On-Call and Medication Administration Program oversight.
- Develop all Health Services Policies and procedures for the division and oversee practices
- Provide supervision to the Nurse Managers, Nurse Consultants and other assigned staff in all health care aspects of clinical, programmatic, and administrative requirements
- Ensures compliance with all relevant funders, licensors, regulatory standards and Bay Cove's policies.
- Participate in state wide advocacy groups such as ADDP and the MAP Modernization Committee
- Serve on the Bay Cove Health and Safety Committee as well as the COVID Taskforce

### Nurse Consultant December 2007 - June 2018

- Consulted with residential managers on complex medical needs of the individuals served
- Evaluated and updated the medication administration program used in the group homes
- Developed and implemented health and wellness training for employees of the agency
- Provided state approved medication administration (MAP) training to direct care staff

### MAP Administrator April 2007 - April 2008

- Maintained Medication Administration Program (MAP) training and certification records
- Provided state approved MAP training to direct care staff
- Administered state approved MAP recertification exam

### Walnut Street Center, Somerville, MA April 2007 – December 2007 Nurse Consultant

- Consulted with residential managers on complex medical needs of the individuals served
- Evaluated and updated the medication administration program used in the group homes
- Developed and implemented health and wellness training for employees of the agency
- Provided state approved medication administration (MAP) training to direct care staff

### The Meadows Psychiatric Center, Centre Hall, PA August 2001 – April 2007 Children's Unit Charge Nurse

- Manage the care for up to 23 mentally ill children age 4 13 in an acute care inpatient setting
- Float as needed to Adolescent, Adult, and Adult Stabilization units
- · Administer and monitor effectiveness of medications
- Perform crisis intervention, verbal de-escalation, manual restraint, locked seclusion and 5 point restraints as needed
- Supervise and delegate care to mental health technicians and/or LPNs
- Precept newly employed/transferred nurses and other staff
- Educate and mentor numerous RN and LPN students from various local institutions
- Serve as a member of the Meadow's Employee Relations Team
- Develop patient and family educational materials and programming
- Conduct groups
- Provide ongoing review of treatment to the treatment team in biweekly meetings
- Collaborate with the treatment team comprised of a psychiatrist, psychologist, social worker, mental health therapist, allied therapist, clinical teacher, and utilization review representative
- Collaborate in the ongoing restructuring of the unit program and level system

### **Nursing Experience Continued:**

Leslie Educational Alternatives, Springfield, MA September 2000 - July 2001 Director, Kim Center for Adult Day Health Manager, Kim Center

- Coordinated care for more than 20 developmentally delayed older adults in a social day program setting
- Managed a staff of 6 unlicensed direct care personnel
- Held weekly staff meetings and provided staff supervision and discipline as needed
- Organized daily activities, special events and outings for consumers
- Purchased and managed supplies
- Prepared the program to convert to a dementia specific adult day health program in compliance with state regulations
- Collaborated with the Director of Marketing to promote the adult day health program

#### Agency Nurse Consultant

- Consulted with residential managers on complex medical needs of the individuals served
- Evaluated and updated the medication administration systems used in the group homes
- Developed and implemented health and safety trainings for all employees of the agency
- Provided TB screening to all employees upon hire and on an ongoing basis
- Served on the Western MA Complex Medical Needs Taskforce
- Served on the Human Service Forum

Camp Horizons, South Windham, CT June 1997 - August 2000 Camp Nurse

**Infirmary Assistant** 

Weekends in the Country Medication Administrator

Weekends in the Country Counselor

**Summer Camp Counselor** 

- Coordinated care for more than 100 developmentally delayed individuals in a residential camp setting
- Provided first aid and health services to campers and staff
- Administered medications
- Coordinated teams of nurses and infirmary assistants
- · Organized camper medical files
- Provided staff health training
- Planned and participated in activities for people with developmental disabilities
- Collaborated with the administrative team to ensure staff and camper safety

#### Certifications:

MA Nursing License # 237679 Current CDDN

Adult CPR/AED - Current - American Heart Association

#### Education:

The College of Our Lady of the Elms, School of Nursing, Chicopee, MA Bachelor of Science in Nursing May 21, 2000

### **Professional Organizations:**

Developmental Disabilities Nurses Association (DDNA) 2000 - 2005; 2007 - present

### Community Volunteer Activities:

### Navigators USA August 2019 - present Chapter 276 Leader

Navigators USA is an inclusive, alternative, secular scouting program which was created to include everyone, and to help each person develop their fullest potential without discrimination. We strive to create a world without prejudice or ignorance, and to treat every person with dignity and respect, no matter their gender, race, creed, lifestyle, sexual orientation or ability. The Arlington Chapter 267 is comprised of a diverse group of families and youth with many identifying as lesbian, gay, bisexual, queer, transgender, non-binary and/or gender non-conforming.

- Organize a local group of 30+ youth and their families
- Plan and conduct bi-monthly meetings as well as special activities and outings
- Co-lead the national leaders group, facilitate the on-line leader meetings, train and mentor new leaders
- Serve on the National Jamboree planning committee
- National Badge Coordinator review, edit and approve new badge idea submissions

### Edinburg Center Human Right Committee 2013 - present Community Member and Committee Co-Chair

The role of the Human Rights Committee is to uphold and protect the rights of individuals who receive services from the Edinburg Center, Wayside, and Wild Acre Inn. Committee members provide monitoring, investigation oversight, and advocacy for agency programs. The Human Rights Committee brings together many perspectives to ensure the highest quality services through objective oversight of human rights

- Advocate for the rights of adults and children living with mental illness and/or developmental disabilities
- Attend human rights committee meetings
- Conduct site visits
- Review restrictive plans and supportive and protective device plans

#### Sports Coach

Volunteer parent coach for various youth sports such as baseball and softball

### United Church of Christ, Congregational Burlington, MA

Team Awesome Leader - 3 years

- · Mentored high school aged youth
- Planned, organized a conducted a variety of fundraising activities
- Planned, organized and chaperoned youth mission trips

### Settled Pastor Search Committee Chair- 18 months

 Lead a learn of 7 adult and youth volunteers through an 18 month long search and call hiring process. LGBTQ Liaison - 6 years

Organized participation in LGBTQ Pride events

### Pastor Parish Relations committed - 6 years

- Served as a confidential intermediary between the pastor and the congregation
- Mediated conflict and/or difficult situations

### Fundraising committee - 2 years

Planned and organized the annual fundraising events

Deacons Committee Member - 6 years

Parish Council Member - 6 years



### Constable

Summary:

D

Jeffrey Silton (term to expire: 01/31/2027)

**ATTACHMENTS:** 

Type File Name Description

Reference Material Silton\_Apptmt\_mtg\_letter\_and\_Application.pdf Meeting Letter and Applications



### Town of Arlington Office of the Town Manager

James Feeney Town Manager

730 Massachusetts Avenue Arlington MA 02476-4908 Phone (781) 316-3010

### **MEMORANDUM**

DATE:

August 14, 2024

TO:

Members of the Select Board

SUBJECT: Appointment as Constable

This memo is to request the Board's approval of my appointment of Jeffrey Silton, as a Constable for the Town of Arlington with a term expiration date of 6/30/2026.

Town Manager

## TOWN OF ARLINGTON APPLICATION FOR APPOINTMENT AS CONSTABLE WELL HAY 14 P 12: 11.7

I HEREBY APPLY FOR APPOINTMENT TO THE POSITION OF CONSTABLE IN THE TOWN OF ARLINGTON IN ACCORDANCE WITH THE PROVISIONS OF THE GENERAL LAWS OF MASSACHUESETTS, CHAPTER 41, SECTION 91B.

| PLEA | SE PRINT OR TYPE:   |
|------|---|
| 1.   | NAME JEFFREY D. SILVEN  |
| 2.   | HOME ADDRESS NEWSON WA 82465-123  |
| 3.   | MAILING ADDRESS (if different)  |
| 4.   | Dayenno 110, 270mmg 110 17100110 110, \   |
| 5.   | LIST RESIDENTIAL ADD  |
|      |   |
|      |   |
| 6.   | SOCIAL SECURITY NO  |
| 7.   | PLACE OF BIRTH BULLOW MACHUSELS (If the place of birth is outside of the United States, proof of United States citizenship may be required)   |
| 8.   | PHYSICAL CHARACTERISTICS: Attach a copy of a picture ID.  →Note to Board staff; redact Driver's License/ID No. before releasing document  |
| 9.   | HAVE YOUR EVER BEEN CONVICTED, IN ANY JURISDICTION, OF ANY FELONY AND/OR MISDEMEANOR? Yes ( ) No (  |
| 10.  | IF YOUR RESPONSE TO QUESTION 9 IS "YES," PLEASE DESCRIBE BRIEFLY, INCLUDING A REFERENCE TO THAT JURISDICTION IN WHICH THE CRIMINAL PROSECUTION RESULTING IN YOUR CONVICTION WAS UNDERTAKEN: |
|      |   |
|      |   |

### AUTHORITY FOR RELEASE OF INFORMATION OFFICE OF THE BOARD OF SELECTMEN

| Date MAY 10 2024  |
|---|
| Date MAS 19 3-034  I, Section born on born on having filed an application for appointment as a Constable with the Town of Arlington, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give any further information that may be required in reference to my past record.  |
| I also authorize and request, every person, firm, company, corporation, governmental agency, court association or institution having control of any documents, records and/or other such information pertaining to me, to furnish to the Office of the Board of Selectmen, Town of Arlington, any such information including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit Office of the Board of Selectmen or any of its agents or representatives to inspect and make copies of such documents records and other information. |
| I hereby release, discharge and exonerate the Office of the Board of Selectmen, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records and other information or the investigations made by or in behalf of the Office of the Board of Selectmen, Town of Arlington.  |
| I understand that this agency abides by the Federal Confidentiality Regulations, which protect the confidentiality of my records, and that certain information contained therein cannot be disclosed without written consent unless otherwise provided for in the regulations   |
| This authority shall continue for three years unless sooner revoked in writing by the   |

undersigned.

Witness Signature

| 11. HAVE YOU EVER BEEN APPOINTED OR ELECTED AS A CONSTABLE IN ANY<br>CITY OR TOWN IN THE COMMONWEALTH OF MASSACHUSETTS?  |
|--|
| YES (V) or NO () [check one]   |
| 12. IF THE RESPONSE ABOVE IS "YES," PLEASE STATE THE DATE OF APPOINTMENT OR ELECTION AND THE TERMS OF OFFICE IN WHICH YOU SERVED AS CONSTABLE  OF WATER DAYS MAY THE COLOR BY A STATE THE DATE OF  13. HAVE YOU EVER BEEN DENIED AN APPOINTMENT AS A CONSTABLE?  14. IF "YES" GIVE THE DATE, THE CITY/TOWN OF DENIAL, AND A DETALED EXPLANATION/REASON FOR THE DENIAL.   |
|  |
| The second secon |
| EACH APPLICATION FOR APPOINTMENT AS CONSTABLE MUST CONTAIN A STATEMENT AS TO THE MORAL CHARACTER OF THE APPLICANT TO BE SIGNED BY AT LEAST FIVE REPUTABLE CITIZENS OF THE CITY OR TOWN OF HIS OR HER RESIDENCE, ONE OF WHOM SHALL BE AN ATTORNEY-AT-LAW. PLEASE PROVIDE THOSE SIGNATURES IN THE APPROPRIATE SPACE BELOW. ATTORNEYS: PLEASE PROVIDE BAR REGISTRATION INFORMATION  |

TO THE SELECT BOARD OF THE TOWN OF ARLINGTON: THE APPLICANT IS OF SUFFICIENT MORAL CHARACTER TO WARRANT APPOINTMENT TO THE POSITION OF CONSTABLE OF THE TOWN OF ARLINGTON.

### **BONDING IS REQUIRED FOR THIS APPOINTMENT**

All appointments to the position of Constable in the Town of Arlington are subject to the appointee immediately upon appointment obtaining a surety bond in the maximum amount specified in M.G.L. Chapter 41, Section 92, which said bond be board of selectmen, and that said bond be filed in the office of the Town Clerk. This surety bond must be kept in full force and effect during the term of office.

#### INVESTIGATION

M.G.L. Chapter 41, Section 91B, requires the appointing authority to conduct an investigation into the character and reputation all Applicants for appointment to the position of constable. Consequently, all applicants shall be required to submit to the Town of Arlington Chief of Police such information as may be reasonably required to conduct that investigation on behalf of the Board of Selectmen for the Town of Arlington. The signature below of the Chief of Police or designee indicates completion of such investigation and agreement that the applicant is of sufficient moral character and good repute to be qualified to be appointed a Constable within the Town of Arlington.

In addition, all applicants recommended for appointment to the Board of Selectmen by the Chief of Police after his investigation shall be required to appear personally before the Board of Selectmen for an interview.

POLICE CHIEF (or designee)

DATE

#### CRIMINAL HISTORY

The applicant is to submit Board of Probation and driver history check.

By signing and submitting this application, the applicant acknowledges that the powers and duties of Constables in the Town of Arlington are governed by Sections 91A through 95B of Chapter 41 of the Massachusetts General Laws and agrees to comply with these and all other applicable legal requirements.

The facts submitted on this application are made under oath and any false statements will be cause for revocation of appointment or re-appointment.

DATE DATE

MICANT'S SIGNATURE

### COMMONWEALTH OF MASSACHUSETTS

| 141dd/esex, ss   |  |
|--|--|
| On this 10 day of Movef  | , 2014, before me, the undersigned notary public,  |
| personally appeared  |  |
| ☐ Personally known to me, or   | 11 011 00 0 171  |
|  | ory evidence of identification, which was  |
| 🗹 A drivers' license   |  |
| □ Other;   |  |
| to be the person who signed the preceding or att   | tached document in my presence, and who swore or   |
| affirmed to me that the contents of the documen  | nt are truthful and accurate to the best of her knowledge  |
| and belief.  | fletteghin   |
| (SEAL)   | Notary Public I/Ona TS.eyko<br>(Printed Name)<br>My commission expires: 02/26/2027   |
| , * 30m  | (Printed Name) My commission expires: 02/26/2027   |
|  | The state of the s |
|  |  |
| The state of the s | Ilona Tseyko  Notary Public, Commonwealth of Massachusetts  My Commission Expires 02/26/2027   |
| i +  |  |



For Approval: Wine & Malt Alcohol License

### Summary:

Drad Group Inc, Makalu Nepali & Indian Cuisine, Bishnu Dabadi, 352A Massachusetts Avenue

### **ATTACHMENTS:**

|   | Туре                  | File Name                     | Description               |
|---|-----------------------|-------------------------------|---------------------------|
| ם | Reference<br>Material | Makalu_WM_Application.pdf     | Wine and Malt Application |
| ם | Reference<br>Material | Makalu_Inspection_Reports.pdf | Inspection Reports        |



### The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358 www.mass.gov/abcc

### RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

### **APPLICATION FOR A NEW LICENSE**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

**ECRT CODE: RETA** 

| Please make \$                                | \$200.00 payment here: <u>AB</u>                                   | CC PAYMENT WEBSITE                               |  |
|---|--|--|--|
| PAYMENT MUST<br>PAYMENT RECEI                 |  | CENSEE CORPORATION, LLC, PARTNERSHI              | P, OR INDIVIDUAL AND INCLUDE THE             |
| ABCC LICENSE N                                | UMBER (IF AN EXISTING LICENS                                       | EE, CAN BE OBTAINED FROM THE CITY)               |  |
| ENTITY/ LICENSE                               | E NAME DRAD GROUP INC  | DBA MAKALU Nepali & Indian Cuisine               |  |
| ADDRESS 352                                   | A Massachusetts Ave  |  | •  |
| CITY/TOWN Ar                                  | lington  | STATE MA ZIP                                     | CODE 02474                                   |
| For the following tra                         | ansactions (Check all that a                                       | pply):   |  |
| New License                                   | Change of Location   | Change of Class (i.e. Annual / Seasonal)         | Change Corporate Structure (i.e. Corp / LLC) |
| Transfer of License                           | Alteration of Licensed Premises                                    | Change of License Type (i.e. club / restaurant)  | Pledge of Collateral (i.e. License/Stock)    |
| Change of Manager                             | Change Corporate Name  | Change of Category (i.e. All Alcohol/Wine, Malt) | Management/Operating Agreement               |
| Change of Officers/<br>Directors/LLC Managers | Change of Ownership Interest (LLC Members/ LLP Partners, Trustees) | Issuance/Transfer of Stock/New Stockholder       | Change of Hours                              |
|   |  | Other  | Change of DBA                                |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL:

Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150-2358



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358 www.mass.gov/abcc

### **APPLICATION FOR A NEW LICENSE**

Municipality Arlington

| Language de la companya de la compan |   |
|--|---|
| 1. LICENSE CLASSIFICATION INFORMATION  |   |
| ON/OFF-PREMISES TYPE CATEGORY CLAS   | SS                                      |
| On-Premises-12 S12 Restaurant Wines and Malt Beverages Annua   | 933                                     |
| Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description  | ion of                                  |
| the intended theme or concept of the business operation. Attach additional pages, if necessary.  | JOH OI                                  |
| Most of the dine -in customer ask for wine & beer. some of recomonded to me apply for it. people are enjoing wine while in food.   | *************************************** |
| •  |   |
|  |   |
| Is this license application pursuant to special legislation? Yes No Chapter Acts of  | . 1000                                  |
| 2. BUSINESS ENTITY INFORMATION   |   |
| The entity that will be issued the license and have operational control of the premises.   |   |
| Entity Name DBAD CROUD INC   | w                                       |
| FEIN FEIN  |   |
| DBA MAKALU Nepali & Indian Cuisine Manager of Record BISHNU DABADI   |   |
|  |   |
| Street Address 352 A Massachusetts Ave .   |   |
| Phone 781-316-0250 Email   |   |
|  |   |
| Alternative Phone Website www.ordermakalucuisine.com   |   |
| 2 DECEDITION OF PREMISES   |   |
| 3. DESCRIPTION OF PREMISES   |   |
| Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each flo<br>outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.   | or, any                                 |
|  |   |
| Approximately of 825 sq. fit together including basement.  1st floor is restaurant and basement has utility units ,cooler,freezer and storage.   |   |
| units ,cooler,freezer and storage.   |   |
|  |   |
|  |   |
| Total Square Footage: 825 Number of Entrances: 2 Seating Capacity: 25  |   |
|  |   |
| Number of Floors 1 Number of Exits: 2 Occupancy Number: 21   |   |
| 4. APPLICATION CONTACT   |   |
| The application contact is the person whom the licensing authorities should contact regarding this application.  |   |
| Name: BISHNU DABADI Phone: 7   |   |
| Title: OWNER Email:  |   |

### **APPLICATION FOR A NEW LICENSE**

| Does any indivinterest in any                             | ridual or entity<br>other license   | HOLIC BEVERAGE<br>I identified in quest<br>to sell alcoholic bever<br>format below.  | ion 6, and applicab  |   |                        | t, beneficial or financial nadditional pages, if |
|---|---|--|--|---|------------------------|--|
|   | Name  |  | License Type   | License   | Name                   | Municipality                                     |
| BISHNU DABADI   |   | BEER & WINE  | LIQUOR   |   | ARLINGTON              |  |
| Has any individ<br>interest in a lic                      | lual or entity i<br>ense to sell alo  | coholic beverages, v   | on 6, and applicable which is not presen                               | e attachments, ever hel                             | Yes ⊠ No ☐<br>elow.    | ct, beneficial or financial  Municipality        |
|   | BISHNU DABA   |  | BEER & WINE  | LIQUOR  |                        | SOMERVILLE                                       |
|   | e disclosed lic   | SE DISCIPLINARY Attack   | tion 6Aor 6B ever  | been suspended, revok<br>If necessary, utilizing th | red or cancelled?      | • ·  |
| Date of Action  |   | Name of License  | City   |   |                        | revocation or cancellation                       |
| <ul><li>If the approximately</li><li>If leasing</li></ul> | e all fields in to<br>oplicant entity of<br>g or renting the<br>ase is continge | his section. Please powns the premises, a compression of the premises, a signed compression of the premises of | deed is required,<br>opy of the lease is rec<br>this license, and a si | ned lease is not available                          |                        | ned lease and a letter                           |
| • If the busines  | real estate and<br>is entities, a sigi  | l business are owned<br>ned copy of a lease be   | by the same indivint<br>ween the two entiti                            | duals listed in question (<br>es is required.       | 6, either individually | or through separate                              |
| Please indicate   | by what mea   | ns the applicant wi  | ll occupy the premi  | ses Lease   |                        |  |
| Landlord Name MYER DANA                                   |   |  |  |   |                        |  |
| Landlord Phor   | ie [  |  |  | Landlord Email                                      |                        |  |
| Landlord Addr   | ess [   |  |  |   |                        |  |
| Lease Beginni   | ng Date   | 11/18/2021   |  | Rent per Month                                      | \$2000.00              |  |
| Lease Ending (  |   | 01/01/2026   |  | Rent per Year                                       | \$24000.00             |  |
| Will the Landl  | ord receive r   | evenue based on p  | percentage of alco   | hol sales?  | ∩Yes <b>●</b> N        | in 3   |

| 8. FINANCIAL DISCL   |                              | PLICATION FOR A NEW LICENSE   |   |
|--|------------------------------|---|---|
| A. Purchase Price for Real E                                   |                              |   |   |
| B. Purchase Price for Busin                                    |                              |   |   |
| b. Purchase Price for Busin                                    | ess Assets \$40000.00        |   |   |
| C. Other * (Please specify b                                   | pelow)                       | *Other Cost(s): (i.e. Costs associated vincluding but not limited to: Propert |   |
| D. Total Cost  | . \$40000.00                 | Renovations costs, Construction cost Inventory costs, or specify other cost   | ts, Initial Start-up costs,                             |
| SOURCE OF CASH CONTR<br>Please provide documenta               |                              | g. Bank or other Financial institution Statements, Bar                        | nk Letter, etc.)  |
| Nam  | e of Contributor             | Amount of Contribu  | ution   |
| N/A  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |
|  |                              | Total   |   |
| SOURCE OF FINANCING Please provide signed finar Name of Lender | ncing documentation.  Amount | Type of Financing   | Is the lender a licensee pursuant<br>to M.G.L. Ch. 138. |
| N/A  |                              |   | ○Yes ○ No   |
|  |                              |   | OYes ONo  |
|  |                              |   | OYes ONo  |
|  |                              |   | ○Yes ○ No   |
| FINANCIAL INFORMATION Provide a detailed explanat              |                              | rce(s) of funding for the cost identified above.                              |   |
|  | *                            |   |   |
| 9. PLEDGE INFORMA  | ATION                        |   |   |
| Please provide signed plea                                     |                              |   |   |
| Are you seeking approval                                       | £                            | ) No  |   |
|  | •                            | will a second   |   |
| i icase maicate what you a                                     | are seeking to pledge (check | call that apply) 🔀 License 🔲 Stock 🔲 Invento                                  | pry   |

To whom is the pledge being made?

|  | AGER APP                               | PLICATION<br>TION               |  | N3 - P                                  |                                  |                 |          |   |                       |                              |  |
|--|--|---------------------------------|--|---|----------------------------------|-----------------|----------|---|-----------------------|------------------------------|--|
|  |  | ——<br>been appointed            | to man                                   | age and coi                             | ntrol the lice                   | ensed busi      | ness ar  | nd premis                               | ses.                  |                              |  |
|  |  | BISHNU DABAD                    |  | <del></del>                             |                                  | ate of Birth    |          | •                                       | SSN                   |                              |  |
| Residential A                          | Address                                |                                 |  | *************************************** |                                  |                 | <u> </u> | *************************************** | 1                     | <u> </u>                     | • ]  |
| nesidential /                          | tuuress                                |                                 |  |   |                                  |                 |          |   |                       |                              |  |
| Email                                  |  | ŀ                               |  | ******                                  |                                  | Phone           |          |   |                       |                              |  |
| Please indica                          | te how many                            | hours per week y                | ou inten                                 | d to be on th                           | he licensed p                    | remises         | 30       |   |                       |                              |  |
| B, CITIZENSH                           | IP/BACKGROI                            | UND INFORMATION                 | ON .                                     |   |                                  |                 |          |   |                       |                              |  |
|  | one of the fol                         | llowing as proof c              |  |   | port, Voter's                    |                 | Birth Ce |   |                       |                              |  |
| If yes, fill out                       |  | ow and attach an                |  |   | `                                | Yes             |          | ons. Attacl                             | h additio             | onal page                    | es, if necessar  |
| Date                                   | Mu                                     | nicipality                      |  | Charg                                   | ge                               |                 |          | Di                                      | spositio              | n                            |  |
|  |  |                                 |  |   |                                  |                 |          |   |                       |                              |  |
|  |  |                                 |  |   |                                  |                 |          |   |                       |                              |  |
|  |  |                                 |  |   |                                  |                 |          |   |                       |                              |  |
| Please provid                          |  | yment history. A                |  | litional page                           |                                  |                 | ne form  | at below.                               |                       |                              |  |
| Start Date<br>11/01/2021               | End Date                               | Positi EXECUTIVE CHE            | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 |   | Empl                             | ginagus megar   |          |   | Super                 | rvisor Nai                   | ne   |
|  |  |                                 | effetter sitt                            |   | THE HOUSE                        |                 |          |   | Normania.             | N. S. Halliette S.           | 1,33,43,43,13  |
|  |  | EXECUTIVE CHE                   | Tala sala sa sa sa a sa                  |   | TAJ GRI                          |                 |          |   | ing Harristania       | 18 - F.J., 12 s., 15 s. s. s |  |
| 1, 177, 17, 27, 18, 17, 19, 19, 19, 11 | ** *********************************** | EXECUTIVE CHE                   | Signa Sept Control of                    |   | BUKHARA INI                      |                 |          |   | <u> </u>              |                              |  |
| 04/10/2010                             | 01/27/2013                             | CHEF DE PARTIE                  | . •.                                     |   | HILTON GA                        | RDEN INN        |          |   |                       |                              |  |
| Have you hel<br>disciplinary a         | ction? OYe                             | or financial intereses No If ye | est in, or l                             | been the ma<br>fill out the ta          | nager of, a ll<br>able. Attach a | cense to sell   | alcoho   | olic bevera<br>necessary,               | ges that<br>utilizing | was sub                      | ject to<br>at below.   |
| Date of Action                         | n Name                                 | e of License                    | State                                    | City                                    | Reason for                       | suspension,     | revoca   | tion or car                             | ncellatio             | <b>n</b>                     |  |
|  |  |                                 |  |   |                                  |                 |          |   |                       |                              |  |
|  |  | amendés L. L.                   |  |   |                                  |                 |          |   |                       | •                            | • -  |
|  |  |                                 |  |   |                                  |                 |          |   |                       |                              |  |
|  |  |                                 | )  |   |                                  |                 |          |   |                       |                              | MALERIA MALERI |
|  |  |                                 | al                                       |   |                                  |                 |          |   |                       |                              |  |
|  |  | and penalties of pe             | ristry that                              | the informatio                          | on I have provid                 | ded in this app | 1        |   |                       | :                            | <del></del> 1  |
| Manager's Sig                          | nature                                 | /// " /                         | <del>/  </del>                           | ·····                                   |                                  |                 | Date     | 06/20/20                                | 24                    |                              |  |

### 11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Yes 🖂 No $\square$ Name License Type License Name Municipality **BEER & WINE** THE HOUSE OF KEBAB LIQUOR **SOMERVILLE** 11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee? If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Yes 🖂 No $\square$ Licensee Name License Type Municipality Date(s) of Agreement THE HOUSE OF KEBAB **BEER & WINE SOMERVILLE** 2022, AUG. 11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled? Yes No ker list in table below. Attach additional pages, if necessary, utilizing the table format below. Date of Action Name of License City Reason for suspension, revocation or cancellation 11F. TERMS OF AGREEMENT a. Does the agreement provide for termination by the licensee? Yes ☐ No 🔀 b. Will the licensee retain control of the business finances? Yes No 🗙 c. Does the management entity handle the payroll for the business? Yes No 🗙 d. Management Term Begin Date e. Management Term End Date f. How will the management company be compensated by the licensee? (check all that apply) \$ per month/year (indicate amount) % of alcohol sales (indicate percentage) ☐ % of overall sales (indicate percentage) other (please explain) N/A **ABCC Licensee Officer/LLC Manager** Management Agreement Entity Officer/LLC Manager Signature: Signature: Title: Title: Date: Date:

### **APPLICANT'S STATEMENT**

| l, Bisi      | the: Sole proprietor; Spartner; Corporate principal; LLC/LLP manager  |
|--------------|---|
| _            | Authorized Signatory  |
| of DF        | Name of the Entity/Corporation  |
|              |   |
| here<br>Beve | by submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic rages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.   |
| Appl         | nereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the<br>ication, and as such affirm that all statements and representations therein are true to the best of my knowledge and belie<br>ther submit the following to be true and accurate:                                      |
| (1)          | I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;   |
| (2)          | I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;  |
| (3)          | I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the 'information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;   |
| (4)          | I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted |
| (5)          | I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;   |
| (6)          | I understand that all statements and representations made become conditions of the license;   |
| (7)          | I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;  |
| (8)          | I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and   |
| 9)-          | I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.   |
| 10)          | I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.      |
|              | Signature: Date: 06/20/2024   |
|              | Title: ØWNER/MANAGER .  |

### ARLINGTON POLICE DEPARTMENT

Juliann Flaherty Chief of Police



POLICE HEADQUARTERS 112 Mystic Street Telephone 781-316-3900

Town of Arlington
MASSACHUSETTS 02474

August 9, 2024

After conferring with other Detectives and conducting a check of the business address and the owner, the Police Department finds no issues with granting a license for Makalu, 352A Massachusetts Avenue.

Please call me with any questions.

Thank You,

Bryan Gallagher Detective Lieutenant Arlington Police Department

### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

08at: 62024

"Proactive and Proud"



Ryan Melly Deputy Fire Chief

### Arlington Fire Department Town of Arlington

Administrative Office 411 Massachusetts Ave, Atlington, MA 02474 Phono: (781) 316-3803 Fox: (781) 316-3808 Email: rmelly@town.arlington.ma.us

Checklist for food sales ownership conversion.

- o For a new liquor license, it is recommended to have the building inspected by both the Inspectional Services Department and the Fire Department
- o All exit signs and emergency lights must be tested and in good working order
- FACP must have annual test paperwork on hand and be free of trouble and alarm signals
- o Sprinkler system (if present) shall have current inspection tag
- o All extinguishers must be hung with signs and a current inspection tag
- o "K" extinguisher mounted and tagged in the kitchen area if using fat to cook
- o All exits and exit paths must be in proper working order and free from storage
- o No storage of excess combustibles allowed inside building or near exit ways
- Hoods must have current inspection/cleaning sticker attached
- o Kitchen extinguishing systems must have current inspection tags
- If Ansul or Sprinklers present FACP must report to monitoring company
- o Address must be clearly visible from the street
- Electrical panels must be accessible from floor to ceiling for the entire width
- o Call for inspection after all has been completed 781-316-3803

### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:

)8/bate 6/2024



Town of Arlington Inspectional Services Department 23 Maple Street Arlington, MA 02476 781-316-3390

Inspectionalservices@town.arlington.ma.us

To:

Office of the Select Board

From:

Michael Ciampa, Building Commissioner

Date:

July 31, 2024

RE:

Common Victualler License

Please accept the following comments from the Inspectional Services Department regarding the Common Victualler License application for Makula.

### Building

· All building changes need permits.

- All sign changes need approval and a sign permit.
- Window signs cannot exceed 25% of the window.
- Certificate of Occupancy is required.

### **Plumbing**

 All plumbing and gas fitting work requires licensed contractors to obtain permits from this office for their respective trades.

### Electrical

 All electrical work requires that permits be obtained from this office for their respective trades by licensed contractors, and any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

Please note that the Inspectional Services Department has no objection to the issuance of this license..

### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:

08/16/2024

### OFFICE OF THE SELECT BOARD **TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Select Board by Wednesday, August 14, 2024 ONE REPORT IS REQUIRED FROM EACH DEPARTMENT

Location:

352A Massachusetts Avenue

Applicant's Name: Drad Group Inc, Bishnu Dabadi D/B/A:

Makalu Nepali & Indian Cuisine

Telephone:

(781)-316-0250

Department:

Sent Via E-mail

Date: July 29, 2024

**MEETING DATE: August 19, 2024** 

### **RE: COMMON VICTUALLER LICENSE**

Inspected By:

Planning - Katle Luczai, Economic Development Coordinator

### INSPECTION REPORT SECTION:

The application is for a new wine and beer license for Makalu Restaurant at 352A Massachusetts Ave in Arlington Center. Located in the B2 Neighborhood Business zone. The existing use is a 19-seat restaurant serving Nepali and Indian cuisine. The alcohol license is appropriate in this zone.

The Department has no objection to the issuance of this license for this business.

Any changes in signage, including signs in the window, and changes to the façade of the building may be subject to review by this Department. The Applicant is reminded that all signs, including relettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

### APPLICANT SIGNATURE SECTION:

I have received the above report-and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:



### Town of Arlington, Massachusetts

For Approval: Common Victualler License

Summary:

Fiesta Bites Pizzeria LLC, Asael Alonso Sanchez Hernandez, 1323 Massachusetts Avenue

### **ATTACHMENTS:**

|   | Type                  | File Name               | Description        |
|---|-----------------------|-------------------------|--------------------|
| D | Reference<br>Material | Fiesta_Bites_CV_App.pdf | Application        |
| D | Reference<br>Material | Fiesta_Bites_IR.pdf     | Inspection Reports |

### OFFICE OF THE SELECT BOARD

730 Massachusetts Avenue Town of Arlington Massachusetts 02476-4908

> (781) 316-3020 (781) 316-3029 fax

### \$60.00 Filing Fee

Inspections Dept. at 51 Grove St. must review completed application before returning to this office.

### APPLICATION

To the Licensing Authorities of the Town of Arlington The Undersigned hereby makes application for a

### COMMON VICTUALLER LICENSE (Fat In)

| FOOD VENDOR LICENSE (Take Out Only)  |  |  |  |
|--|--|--|--|
| Location 1323 Massachusettes Avenue  |  |  |  |
| Name of Applicant Asael Alonso Sunchez Hernadez  |  |  |  |
| Corporate Name (if applicable) Fiesta Bites Pizzeria LLC   |  |  |  |
| D/B/A Fiesta Bites Pizzecia  |  |  |  |
| Date_ 7 ( \ / 2024   |  |  |  |
| I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that: |  |  |  |
| A. It is understood that the Board is not required to grant the license.   |  |  |  |
| B. no work is to commence at the premises of the proposed location which is the  |  |  |  |

- subject matter of this application until the license is approved by the Select Board, and, furthermore, any work done is done at the applicant's risk, and
- C. in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Select Board a thirty day notice of his intention to sell same before such application will be acted upon by the Select Board.
- D. That the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

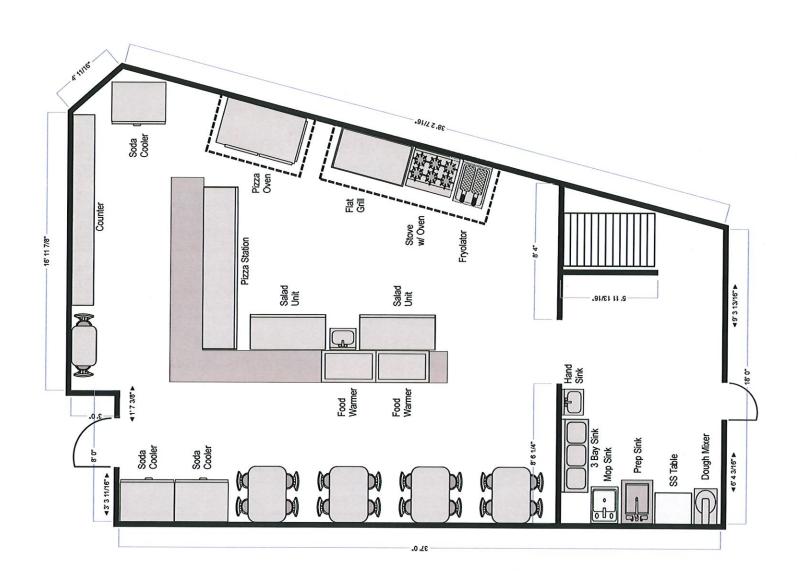
| Print Name Asael Ala  | onso Scanchez                  | Hernandez |
|-----------------------|--------------------------------|-----------|
| Signature Name * ASuc | 3 Hemandez                     |           |
| Phone (Home)          | _(Business)_ <del>\tag{}</del> | -777-2770 |
| Email Fiestabites     | 1323 @gmail.co                 | o m       |

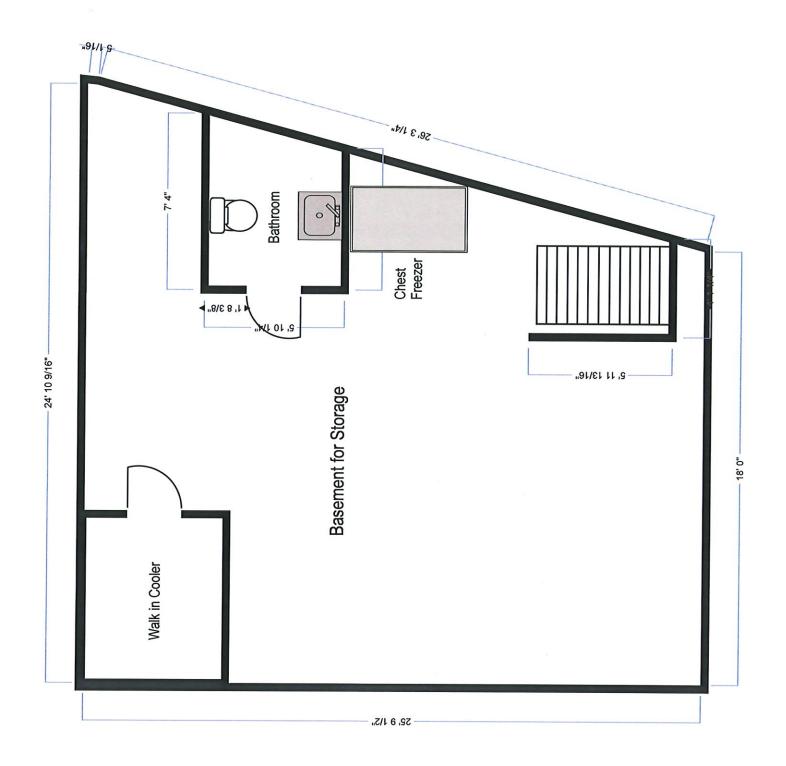
### INFORMATION RELATIVE TO APPLICATION

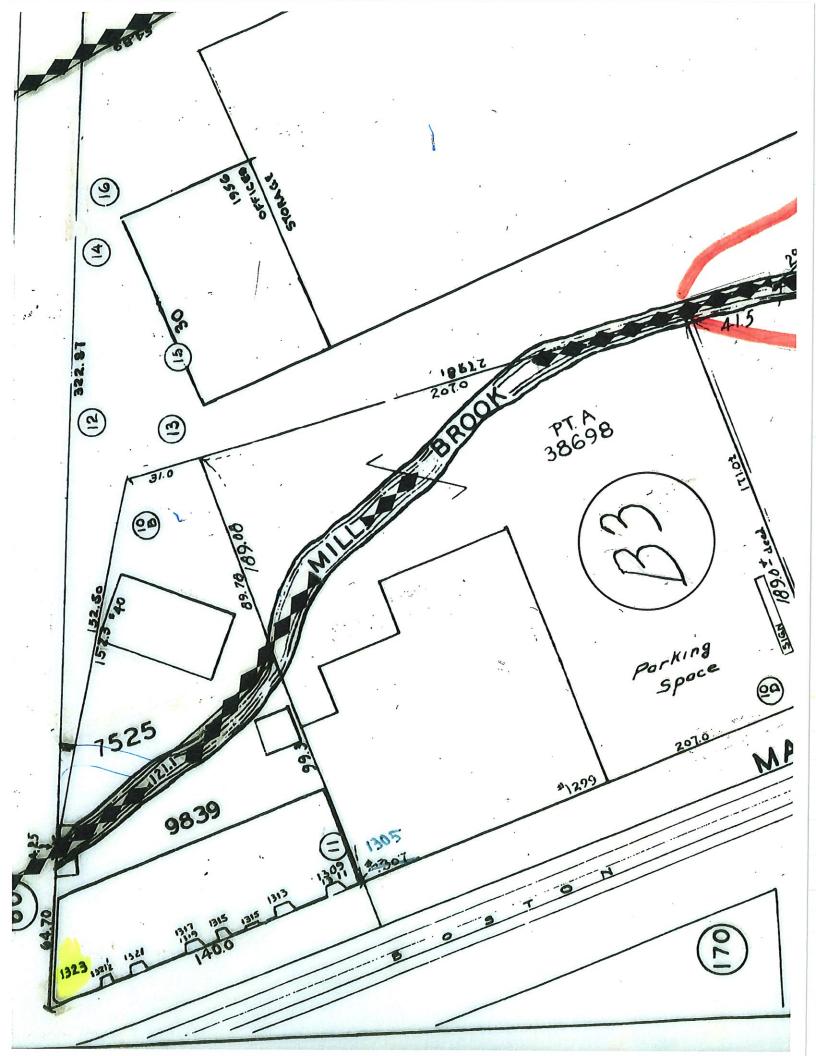
| Breakfast   |   |
|---|---|
| Yes / No  |   |
| Lunch   |   |
| Yes No  |   |
| Dinner  |   |
| Yes √ No  |   |
| Do you own the property? YesNo/ Tenant at \   | Will Lease (years)                      |
| Hours of Operation:   |   |
| Day Sun - Sont Ho   | ours Bown - 11 cm                       |
|   |   |
|   | ours                                    |
| DayHo   | ours                                    |
| Floor Space 800 Sq. Ft. Se  | eating Capacity (if any)                |
| Parking Capacity (if any) Spaces Nu   | umber of Employees3                     |
| List Cooking Facilities (and implements)  | • •                                     |
|   |   |
|   |   |
|   |   |
| Will a food scale be in use for sale of items to the pu   | ıblic? YesNo_√                          |
| Will catering services be provided by you?  | Yes √ No                                |
|   | 165                                     |
| The following items must be submitted with the applic   | cation:                                 |
| Layout Plan of Facility & Fixtures  | Date Received                           |
|   | Date Received                           |
| <ol> <li>Site Plan (obtained at Bldg. Dept., 51 Grove St.)</li> <li>Outside Facade and Sign Plan (dimensions, cold Menu</li> <li>Maintenance Program</li> </ol> |   |
| 4. Menu   | Date Received                           |
| Maintenance Program   | Date Received                           |
| ICAL C. W.  |   |
| If the facilities are not yet completed, provide estimated cost   | t of work to be done \$                 |
|   | ======================================= |
| FOR OFFICE USE ONLY   |   |
| Scheduled Hearing when Application will be presented to So  | elect Board for approval:               |
| -   | 1                                       |
| Date Time   |   |
| DateTime  |   |

### APPLICANT'S RESUME

|                             | Food Business Experienc                 | ce of Applicant  |
|-----------------------------|---|--|
| Sole Owner_<br>Partnership_ | Livre cook                              | _Location  |
| Sole Owner_<br>Partnership_ | 2011<br>Line cook                       | to 2015  D/B/A Formcesas Kitchen  Location 162 Mass are Adington  Type Food Ttalian  Number of Employees |
| List any othe               | r information that you feel will assist | in the review of this application.   |
| -                           |   |  |







### SIGNS EST. 2002 GRAPHICS





# PROJECT PROPOSAL



170"

# ESTA BITES PI

15"

30,

42"

# FIESTA BITES

15"



912

note: the signs not have lights will be a flat sign

MOUNTING HARDWARE TO ENSURE SAFE INSTALLATION.

3. ALL EXTERIOR FACADE FEVETTATIONS TO BE WATERTISHT

4. INSTALLATION TO MEET CURRENT N.E.C., U.E. A. LOCAL, ODDES

LOCATION OF THE DISCONNICT SWITCH AFFER INSTALLATION SHALL

COMPLY WITH ARTICLE 800.8(A) (1) OF THE NATION ELECTRICAL CODE I, CUSTOMER G.C. TO PROVIDE ADEQUATE WIDOD OR MTL, SLOCKING

IN CORRELATION W/ FACADE FRAMING AS REQUIRED.

2. INSTALLER IS TO V.J.E. & PROVIDE THE PROPER NON-CORROSIVE

INSTALL

ELECTRICAL

30"

1. ALL ELECTRICAL COMPONENTS TO BE UIL APPROVED.
2. CUSTOMER IS RESPONSIBLE FOR ONE (1) 1204 20a DEDICATED CIRCUIT WI GROUND PER SIGN TO WITHIN 6 OF SIGN.
3. THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDING WITHE REQUIFICIEMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER APPLICABLE LOCAL CODES THIS INCLUDES PROPER GROUNDING & BONDING OF THE SIGN.

### **FABRICATOR**

1. PLACEMENT OF LIGHTING ELEMENTS FOR OFTIMUM ILLUMINATION OF SIGN TO BE DETERMINED IN PRODUCTION
2. MANUFACTURER& U.L. LABELS TO BE APPLIED & VISIBLE FROM THE GROUND, LOCATED ON THE LAST CHANNEL LETTER OR END OF THE SIGN BOXFREESTANDING SIGN

# CUSTOMER INFORMATION

FIESTA BITES PIZZERIA 1323 MASSACHUSETTS AVE ARLINGTON MA



### DETAILS

white Polycarbonate 3/16:

- 1 )Black decals 170X15
- 2) black decals 42"x15
- 5) Existing Wall poster 91"x30" (optional by Approval)



ALL ELECTRICAL COMPONENTS ARE

## Sijes



### APPETIZERS

### SALADS





Chef Salad \$11.45 Salami, Ham, Turkey with Provolone

Dressings: Italian, Caesar, Greek, Balsamic Vinalgrette, Ranch, Honey Mustard, Blue Cheese, Oil, Vinalgrette



WINGS AND FINGERS
Served with Blue Cheese or Ranch

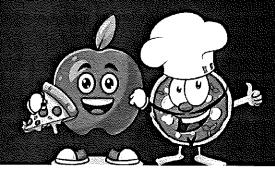
Wings (8) \$10 99, (16) \$19 99 Wings (24) \$28.99, (32) \$37.99

Wings (50) \$56.99

Fingers (6) \$11.99, (8) \$15.99 Fingers (12) \$20.50, (24) \$28.99

Wing Dings (7) \$13.99, (14) \$19.99 Wing Dings (21) \$28.99, (28) \$37.00

Choose: Buffalo, Mild, Hot, BBQ, Honey BBQ, Honey Mustard, Teriyaki, Sweet Chilli



### PIZZA MENU

Supreme \$13.99, \$16.99 Pepperoni, Sausage, Bacon, Hamburger, Onlon, Pepper, Mushroom

Buffalo Chicken ...... \$12.99, \$15.99 Chicken, Ranch, Cheese, Parsley

Hawailan \$12.99, \$15.99 Ham, Pineapple, No Sauce



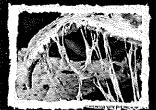


Cheese Lover ...... \$12.99, \$15.99 Mozzarella, Ricotta, Feta, Provolone

Chicken, Bacon, Ranch \$13.99, \$16.99

Greek \$16.99, \$21.99
Spinach, Feta, Garlle, Olives, No Sauce,





Supreme Toppings: Chicken, BBQ Chicken, Chopped Steak, Buffalo Chicken, Steak Teriyaki, Pepperoni, Bacon, Sausage, Hamburger, Ham, Extra Cheese, Scampi, Meatballs, Ricotta Cheese, Goat Cheese \$1.99, \$2.99

### CALZONE 14"

Meat Lovers .......\$17.45
Buffalo Chicken ......\$17.45







### DINNERS

 Chicken Fingers (5)
 \$15.99

 Wing Dings (6)
 \$15.99

 Chicken Kahob
 \$16.99

 Chicken Parm Ziti
 \$25

 Meatball Pasta
 \$30







All Dinners served with side greek salad & fries

### Fiesta Bites Pizzeria

### **Maintenance Cleaning Plan**

1323 Massachusetts Ave, Arlington MA 02476

**Purpose:** To maintain a clean, hygienic, and welcoming environment at Fiesta Bites Pizzeria by implementing routine cleaning practices both inside and outside the establishment, preventing pests, and eliminating odors.

### **Daily Cleaning Tasks**

### Inside the Pizzeria:

### 1. Dining Area:

- Clean and sanitize tables and chairs after each customer use.
- o Sweep and mop floors at the end of each day.
- Empty and clean trash bins; replace liners.

### 2. Kitchen:

- Wipe down countertops, prep stations, and equipment after each use.
- Clean and sanitize cutting boards and utensils.
- o Sweep and mop kitchen floors; ensure all spills are promptly cleaned.
- Empty and clean trash bins; replace liners.
- Clean and sanitize sinks and faucets.

### 3. Restroom:

- Clean and disinfect toilets, sinks, and mirrors.
- o Refill soap dispensers, paper towels, and toilet paper.
- Sweep and mop floors.

### Outside the Pizzeria:

### 1. Entrance:

- Sweep and clean the entrance area.
- o Empty and clean outdoor trash bins; replace liners.
- Wipe down outdoor furniture.

### 2. Parking Lot:

- Sweep the parking lot.
- Ensure trash is picked up and disposed of properly.

### **Weekly Cleaning Tasks**

### Inside the Pizzeria:

### 1. Dining Area:

- Deep clean and sanitize all surfaces.
- Vacuum and clean upholstered furniture.

### 2. Kitchen:

- Clean and sanitize ovens, grills, and deep fryers.
- Remove and clean grease traps.
- o Clean and organize storage areas.

### 3. Restrooms:

o Deep clean and disinfect all surfaces, including walls and doors.

### Outside the Pizzeria:

### 1. Entrance:

- Pressure wash the entrance and sidewalk.
- Clean exterior windows and doors.

### **Monthly Cleaning Tasks**

### Inside the Pizzeria:

### 1. Dining Area:

- Clean and sanitize ceiling fans and light fixtures.
- Deep clean carpets or rugs.

### 2. Kitchen:

- Deep clean behind and under all kitchen equipment.
- Inspect and clean ventilation hoods and filters.

### Outside the Pizzeria:

### 1. Parking Lot:

Inspect and clean drains and gutters.

### **Pest Control Measures**

### 1. Routine Inspections:

- o Conduct weekly inspections for signs of pests inside and outside the pizzeria.
- Report any signs of pests to management immediately.

### 2. Preventive Measures:

- Ensure all food is stored in airtight containers.
- Keep all doors closed when not in use.
- Seal any cracks or openings in walls, floors, and ceilings.

### **Odor Control Measures**

### 1. Ventilation:

- o Ensure proper ventilation in kitchen and dining areas.
- o Regularly clean and maintain ventilation systems.

### 2. Sanitation:

- o Promptly dispose of all food waste.
- o Use odor-neutralizing cleaning agents.

### Conclusion

Maintaining a clean and hygienic environment at Fiesta Bites Pizzeria is essential for the health and safety of our customers and staff. By following this cleaning plan, we will ensure our restaurant remains pest-free and odor-free, providing an enjoyable dining experience for all.

### ARLINGTON POLICE DEPARTMENT

Juliann Flaherty Chief of Police



POLICE HEADQUARTERS 112 Mystic Street Telephone 781-316-3900

August 9, 2024

After conferring with other Detectives and conducting a check of the business address and the owner, the Police Department finds no issues with granting a license for Fiesta Bites Pizzeria, 1323 Massachusetts Avenue.

Please call me with any questions.

Thank You,

Bryan Gallagher Detective Lieutenant Arlington Police Department

### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

| Applicar | nt's Signature: | Jung |  |
|----------|-----------------|------|--|
| Date:    | 8-14-2004       |      |  |

### OFFICE OF THE SELECT BOARD **TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Select Board by Wednesday, August 14, 2024

### ONE REPORT IS REQUIRED FROM EACH DEPARTMENT

Location:

1323 Massachusetts Avenue

Applicant's Name: Fiesta Bites Pizzeria LLC, Asael Alonso Sanchez Hernadez

D/B/A:

Fiesta Bites Pizzeria

Telephone:

Department:

Sent Via E-mail

Date: July 29, 2024

**MEETING DATE: August 19, 2024** 

### **RE: COMMON VICTUALLER LICENSE**

Inspected By:

Planning – Katie Luczai, Economic Development Coordinator

### INSPECTION REPORT SECTION:

The application is for a Common Victualler license for Fiesta Bites Pizzeria in Arlington Heights. The proposed use is an 18-seat restaurant. Located in the B3 Village Business zone, this business is an appropriate use for the neighborhood. The former use was a fast casual pizza restaurant.

The Department has no objection to the issuance of a Common Victualler license to this business.

The existing signage is out of compliance with the Town of Arlington zoning bylaw and must be brought into compliance. The signage application included in their Common Victualler application is outdated. The applicant has applied for a sign permit (S-24-17) with Inspectional Services Department which is under review. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

| Applicant's Signature | : Such /  | 200 |  |
|-----------------------|-----------|-----|--|
|                       |           |     |  |
| Date:                 | 3-14-2074 |     |  |



Ryan Melly Deputy Fire Chief

### Arlington Fire Department Town of Arlington

Administrative Office
411 Massachusetts Ave, Arlington, MA 02474
Phone: (781) 316-3803 Fax: (781) 316-3808
Email: rmelly@town.arlington.ma.us

Checklist for food sales ownership conversion.

- o All exit signs and emergency lights must be tested and in good working order
- FACP must have annual test paperwork on hand and be free of trouble and alarm signals
- o Sprinkler system (if present) shall have current inspection tag
- o All extinguishers must be hung with signs and a current inspection tag
- o "K" extinguisher mounted and tagged in the kitchen area if using fat to cook
- o All exits and exit paths must be in proper working order and free from storage
- o No storage of excess combustibles allowed inside building or near exit ways
- Hoods must have current inspection/cleaning sticker attached
- Kitchen extinguishing systems must have current inspection tags
- o If Ansul or Sprinklers present FACP must report to monitoring company
- Address must be clearly visible from the street
- Electrical panels must be accessible from floor to ceiling for the entire width
- o Call for inspection after all has been completed 781-316-3803

### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

| Applicant's Signature: | Mund |
|------------------------|------|
| ,                      | 8    |
| Date: 8-14-2074        |      |



### Town of Arlington Inspectional Services Department 23 Maple Street Arlington, MA 02476 781-316-3390

Inspectionalservices@town.arlington.ma.us

To:

Office of the Select Board

From:

Michael Ciampa, Building Commissioner

Date:

July 31, 2024

RE:

Common Victualler License

Please accept the following comments from the Inspectional Services Department regarding the Common Victualler License application for Fiesta Bites Pizzeria.

### Building

- All building changes need permits.
- · All sign changes need approval and a sign permit.
- Window signs cannot exceed 25% of the window.
- · Certificate of Occupancy is required.

### <u>Plumbing</u>

 All plumbing and gas fitting work requires licensed contractors to obtain permits from this office for their respective trades.

### <u>Electrical</u>

 All electrical work requires that permits be obtained from this office for their respective trades by licensed contractors, and any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

Please note that the Inspectional Services Department has no objection to the issuance of this license.

### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

| Applicant's Signature:/ | Svel In |  |
|-------------------------|---------|--|
| •                       |         |  |
| Date: 8 / (1)           | - 20 74 |  |



### **Town of Arlington, Massachusetts**

TAC Recommendations: Speed Limits

Summary:

Jim Stubbe, Vice-Chair, Transportation Advisory Committee

### ATTACHMENTS:

|   | Type                  | File Name   | Description           |
|---|-----------------------|---|-----------------------|
| D | Reference<br>Material | Special_Speed_Regulations_Recommendations_V2.pdf                      | Speed Limit Reference |
| D | Reference<br>Material | TAC_2024_04_10_Speed_Limit_Recommendations<br>_Final_(1)_Redacted.pdf | TAC Memo              |

# Arlington Special Speed Regulation (SSR) Summary of Transportation Advisory Committee Recommendations to Select Board

### Want to Send a Clear Message That Arlington is a 25 MPH Town

The Special Speed Regulations (SSRs) recommendations represent an Arlington policy decision and provide a path to completion of the Townwide 25 adoption decision made in 2017. 2017 was a good start but the SSRs that were left in place cause motorist confusion.



| Examples of Confusing Speed Signage |                    |                             |  |  |
|-------------------------------------|--------------------|-----------------------------|--|--|
| Approach to Border                  | Signage at Border  | Immediate - Contradiction   |  |  |
| Pleasant St North                   | 30 MPH Sign        | Townwide Sign               |  |  |
| Park Ave North                      | 25 MPH Sign        | Townwide Sign then a 35 MPH |  |  |
| Summer St East                      | Townwide (missing) | 35 MPH                      |  |  |
| Mystic Valley / Summer West         | 30 MPH             | No Townwide                 |  |  |
| Lake St                             | Townwide Sign      | 30 MPH                      |  |  |
| Mass Ave West                       | Townwide Sign      | 30 MPH                      |  |  |

Motorists are unsure of Speed Limits:

- SSR signage changes/contradicts the Townwide Signs immediately
  - Which takes precedence?
- Major entry routes to Arlington change Speed Limits 2 to 5 times
  - What is the Speed Limit again?

**Signs Installed At Borders** 

**What Motorists See** 

**The Confusion Caused** 

The SSRs were established in the 1970s and no longer align with the Connect Arlington Plan or Vision Zero goals for the town. The detailed recommendations to rescind all SSRs with Speed Limits above the Statutory Townwide 25 MPH Speed Limit and clearly display signage for 25 MPH, allow Arlington to:

- Show clearly that the entire town is a 25 MPH zone
  - With exceptions for 20 MPH School and Safety Zones
- Address issues systematically across town using one approach rather than individually by road
- Reduce / eliminate driver confusion over changing Speed Limits

### **Path Forward**

Overall, Town Staff will be responsible for managing implementation of this task. They will be responsible to:

- 1. Work with the Select Board to draft a letter requesting recission of the SSRs on Broadway and Park Ave
- 2. Work with MassDOT to obtain approval from them for the recission and work to streamline the recission process Conduct a "before" speed study on both Park Ave and Broadway (completed by TAC)
- Work with Town Staff to specify the following:
  - Location of all signs to be removed
  - Procurement / production of Thickly Settled 25 MPH District signs (placed every ¼ mile)
  - Scheduling of signage changes (removal and installation) to align with timing of MassDOT approval
  - Changes to the Arlington Traffic Rules and Orders if needed
- 4. Summarize the process used to rescind the SSRs for Park and Broadway
- 5. Conduct an "after" speed study on both Park Ave and Broadway (TAC funding)
- 6. Discuss findings with TAC and report back to Town Manager and Select Board on the results of the rescind process and provide a prioritized list for remaining streets for recission

08/19/24



### TRANSPORTATION ADVISORY COMMITTEE.

Arlington Planning Department, 730 Mass Ave, Arlington MA

Date: April 10, 2024

To: Select Board

From: Transportation Advisory Committee (TAC)

Subject: Recommended Regulatory Speed Limit Changes

### Memorandum

This memorandum summarizes TAC's recommendations related to Speed Limits above the Townwide 25 MPH Speed Limit. The suggested action by the board is to:

- Rescind all Special Speed Regulations (SSRs) above the Statutory Townwide 25 MPH Speed Limit.
- 2. Adopt a staged approach, starting with Broadway and Park Ave. Once those are complete, a prioritized plan will be presented for recission of the SSRs at the remaining locations.
- 3. Continue the TAC working group to study and make a recommendation on the following:
  - Retaining Speed Limit signage on streets that are equal to the Townwide 25 MPH limit
  - Establishing an approach for Arlington to use 20 MPH Safety Zones similar to our surrounding municipalities

This recommendation was passed by TAC with a vote of 6-2.

### 1 Overview

In January, the Select Board referred to the Town Manager a request from the Broadway Neighbors Coalition to take down all 30 MPH Speed Limit signs on Broadway and Warren Street. The goal of this request was to have the Town-wide default Speed Limit of 25 MPH prevail on the roadway. A review by Town Staff determined that in order to enforce a 25 MPH Speed Limit, this would require rescinding the existing MassDOT Special Speed Regulation of 30 MPH. Since the Transportation Advisory Committee previously advised the Select Board on the 25 MPH Town-wide default Speed Limit, the Town Manager felt that this request should also be reviewed by the committee. The scope of the original request was also expanded to review all Speed Limits in Arlington that exceed the Statutory Townwide 25 MPH Speed Limit. Every one of the Speed Limits are covered by Special Speed Regulations (SSRs).

TAC established a Working Group to review the request and with the following high level considerations in mind:

- TAC performed a detailed review of all of the SSRs in force in Arlington with the overarching question of "Why should this street have a Speed Limit different than the Townwide Speed Limit".
- Arlington adopted a Townwide 25 MPH Speed Limit in 2017.
- The major, high volume of traffic routes into Arlington have multiple Speed Limits, many of which are above 25 MPH (for example, Summer St has 4 different Speed Limits). Multiple limits set confusing expectations for the majority of drivers entering Arlington which are in direct contradiction of the Townwide 25 Limit.

Given that Arlington has already adopted the Townwide 25 Speed Limit, rescinding all Speed Limits over 25 MPH is in alignment with that decision and helps simplify both signage and driver expectations across Arlington.

Overall, Town Staff will be responsible for managing implementation of this task. They will be responsible to:

- Work with the Select Board to draft a letter requesting recission of the SSRs on Broadway and Park Ave
- 2. Work with MassDOT to obtain approval from them for the recission
- 3. Work with MassDOT to streamline the recission process in anticipation of continuation of the process with the remaining streets
- 4. Conduct a "before" speed study on both Park Ave and Broadway
- 5. Work with Town Staff to specify the following:
  - Location of all signs to be removed
  - Procurement / production of Thickly Settled 25 MPH District signs
  - Scheduling of signage changes (removal and installation) to align with timing of MassDOT approval
  - Changes to the Arlington Traffic Rules and Orders if needed
- 6. Summarize the process used to rescind the SSRs for Park and Broadway
- 7. Conduct an "after" speed study on both Park Ave and Broadway
- 8. Discuss findings with TAC
- 9. Report back to Town Manager and Select Board on the results of the rescind process and provide a prioritized list for remaining streets for recission

### 2 Background

In 2016, legislation was passed allowing a municipality to reduce the statutory Speed Limit from 30 MPH to 25 MPH on locally owned roadways within a thickly settled or business district. This change in the statutory Speed Limit did not apply to roads that have special speed regulations.

04/10/24 Final

In 2017, at TAC's recommendation, the Select Board adopted a Townwide statutory Speed Limit of 25 MPH. Of note is that all of the abutting communities to Arlington have also adopted the Town/Citywide 25 MPH Speed Limits as of 2019.

In January 2024, TAC was asked by the Town Manager and Select Board (Attachment A) to review the streets with special speed regulations where regulatory Speed Limits exceed the 25 MPH statutory Speed Limit.

All of the streets that have Speed Limits that exceed the Townwide 25 limit are covered by 10 different Special Speed Regulations (SSRs - Attachment B). Those regulations were created in the mid-1970s and covered 26 roads and 96 separate road segments establishing regulatory Speed Limits from 20 to 40 MPH.

### 3 Approach

While the initial request focused specifically on Speed Limits that were over 25 MPH, TAC adopted an approach to thoroughly analyze and make a recommendation on all roads and road segments covered by the 50+ year old SSRs. All recommendations fall into these categories:

- 1. Rescind
- 2. Keep
- 3. Defer

Both Massachusetts law and MassDOT process / recommendations were used to shape the working group's recommendations.

The basic approach adopted during the discussions was "Why should this road segment be any Speed Limit other than the Townwide 25 limit?" The answer almost invariably came back "There is no reason".

### 4 Detailed Recommendations

At a high level, the recommendations are as follows:

- Rescind the SSRs on most streets that have Speed Limits ranging from 25 to 35 MPH (detailed in Table 1 below). This would have the effect of changing the Speed Limit on these streets to a uniform 25 MPH.
  - Includes all Speed Limits > 25 MPH, except for Frontage Road since this roadway is partially owned by MassDOT.
  - Includes all road segments for a road irrespective of Speed Limit per segment (MassDOT indicated that we could not rescind one specific road segment within a road)
  - Includes roads marked 20 MPH which are now covered by a marked School Zone

### 2. Keep

 Frontage Road is partially owned by MassDOT and the Town therefore cannot rescind this SSR

### Defer

- All 20 MPH road segments (except for the ones covered by a current School Zones in the rescind list below)
- All roads where the SSR established an entire road as at 25 MPH

### 4.1 Recommendations by Category / Street

The recommendations for Arlington's 26 streets and 96 segments covered by SSRs are shown in Table 1 below.

Table 1 - Recommendations by Street

| Rescind<br>12 streets / 54 segments           | Out of Scope<br>1 street / 7 segments | Defer<br>13 streets / 35 segments<br>20 mph and 25mph |
|---|---------------------------------------|---|
| Broadway                                      | Rt 2 - Frontage Road                  | Appleton St   |
| Gray St                                       |                                       | Bow St  |
| Lake St                                       |                                       | Dow Ave   |
| Mountain St (Stratton School Zone)            | Eastern Ave / Spring St               |   |
| North Union St (Thompson School Zone)         | Forest St                             |   |
| Park Ave / Park Ave Extension                 | Gardner St                            |   |
| Pheasant Ave (Stratton School Zone)           | Hamlet St                             |   |
| River St                                      | Highland Ave                          |   |
| Rt 2A - Summer St                             | Jason St                              |   |
| Rt 3 - Mystic St                              | Medford St                            |   |
| Rt 60 - Pleasant St / Chestnut St / Medford S | Oak Hill Drive                        |   |
| Wachusett Ave                                 |                                       | Paul Revere Rd  |
|   |                                       | Ridge St  |

### 4.2 Recommendations - Next Steps

### 4.2.1 Rescind

Once approved, Arlington will need to follow the MassDOT Procedure for Rescinding Speed Regulations (Section 8 – Attachment C) in the 2021 version of Procedures for Speed Zoning on State Highways and Municipal Roads.

The working group recommends starting with Park Ave and Broadway since they prompted this activity and using them as the learning case for how to work with MassDOT to rescind the Special Speed Regulations. Following that, Arlington can plan out a priority order for the remaining roads/segments that are being rescinded.

For the road segments in the rescind list that have a 25 MPH Speed Limit, the working group agreed that it would be desirable to maintain 25 MPH signage that is currently in place on each of those road segments. To comply with the 2021 MassDOT Procedures for Speed Zoning, Section 10e, the current white on black Speed Limit signs will be replaced with the signs below (MA-W13-4):

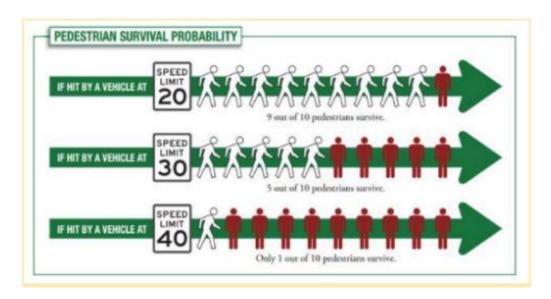


### 4.2.2 Keep

No action needed.

### 4.2.3 Defer

The Town is working to establish a Traffic Calming Guide and Program for Arlington. Developing a comprehensive plan to address speed management and safety is a key part of that approach. Vehicle speeds directly impact the likelihood of both fatalities and severe injury as shown below:



Graphic from the City of Somerville: https://www.somervillema.gov/content/somerville-speed-limits-and-safety-zones

To address the road segments in the defer category, TAC recommends that Arlington develop a consistent approach to both 25 MPH signage and 20 MPH Speed Limits, including safety zones. This encompasses the roads identified above and also sets a consistent approach, clearly setting driver expectations, that can be adopted across Arlington. This approach will be folded into the Traffic Calming Guide and Program. Addressing Speed Limits and signage is not the complete solution, but they are an important first step on the path towards Vision Zero as recommended in the Connect Arlington – Sustainable Transportation Plan.

For reference, Arlington is not alone in pursuing this path. Andover went to Townwide 25 Speed Limit in 2023 and also is systematically working through their SSRs. Arlington can leverage their experiences to make our transition easier. (<a href="https://andoverma.gov/1118/Townwide-25-MPH-Speed-Limit">https://andoverma.gov/1118/Townwide-25-MPH-Speed-Limit</a>).

### 04/10/24 Final

TAC recommends that the current working group continue, work closely with Town Staff, and prepare a recommendation for consideration by the Select Board and Town Staff.

### 4.2.4 Defer - Details

There are two separate categories of road segments in the "defer" bucket:

- Segments at 25 MPH (25 segments)
- Segments at 20 MPH (12 segments)

### 25 MPH Signage

The SSRs require that each segment be marked with a regulatory Speed Limit sign. Those signs will need to come down if the SSR is rescinded. Currently, Arlington does not have an approach that would allow us to consistently mark specific roadways if desired.

Considerations and issues:

- This is the Townwide Speed Limit
- Per MassDOT guidance, the Townwide Speed Limit is marked at our borders
- As recommended above, Arlington is allowed to post the MA-W13-4 signs
- An interesting and compelling example is provided by the city of Seattle where they posted signs every ¼ mile and achieved positive results in speed reduction and impressive results in crash reduction after adopting a Citywide 25 MPH
- Seattle: <a href="https://www.seattle.gov/transportation/projects-and-programs/safety-first/vision-zero/speedlimits">https://www.seattle.gov/transportation/projects-and-programs/safety-first/vision-zero/speedlimits</a>

The working group plans to answer the question of how many signs Arlington would want to post and where, as well as establishing a process for adding / removing signage.

### 20 MPH Zones

The SSRs were established 50+ years ago and the original motivation for these particular roads/segments is less clear today. The current approach to 20 MPH zones includes School Zone and Safety Zones.

All of Arlington's schools are marked as School Zones with a 20 MPH Speed Limit. There are currently one Safety Zone marked in Arlington on Herbert Road near Magnolia Field. Safety Zones are marked with sign MA-R2-8 as shown below:



Considerations and issues:

### 04/10/24 Final

- Massachusetts allows municipalities (without MassDOT approval) to establish Safety
   Zones that have a statutory 20 MPH Speed Limit
- Both Cambridge and Somerville have embraced Safety Zones for almost every local street – links:
  - Cambridge: <a href="https://www.cambridgema.gov/StreetsAndTransportation/PoliciesOrdinancesAnd">https://www.cambridgema.gov/StreetsAndTransportation/PoliciesOrdinancesAnd</a>
     <a href="PoliciesOrdinancesAnd">Plans/VisionZero/SpeedLimitsInCambridge</a>
  - Somerville:
     <a href="https://www.somervillema.gov/content/somerville-speed-limits-and-safety-zones">https://www.somervillema.gov/content/somerville-speed-limits-and-safety-zones</a>
- Lexington Center is a Safety Zone

The working group plans to systematically address whether Arlington wants to have Safety Zones and if so, how many and where they might be located.

### Attachment A - Initial Request to Expedite

### **TAC Referral - Special Speed Regulations**

Jim Feeney <ifeeney@town.arlington.ma.us>

Tue, Jan 23, 2024 at 11:03 AM

To: "laura.swan.tac@gmail.com" <laura.swan.tac@gmail.com>

Cc: John Alessi <jalessi@town.arlington.ma.us>, Eric Helmuth <ehelmuth@town.arlington.ma.us>

Good morning Laura,

I hope you are well. If at all possible, I was hoping TAC would be able to prioritize taking up the attached matter at its upcoming February meeting.

In brief, Arlington has a number of regulatory speed limits that exceed the statutory speed limit in various parts of Town. Instead of approaching this matter in a piece-meal fashion per this specific request for Broadway, as well as last night's request for Park Ave., it seemed prudent to consider the merits of this measure as a whole. TAC previously made a recommendation to the Select Board about the town-wide speed limit. Attached is a compilation of the materials I have gathered.

Please do not hesitate to reach out with any questions or concerns. So that you have it, my cell phone is

Best,

Jim



James Feeney
Town Manager
Town of Arlington, MA
781-316-3010

ifeeney@town.arlington.ma.us

### Attachment B - Special Speed Regulations

The following Special Speed Regulations (and the roads impacted) are in force in Arlington:

- 44-A
  - Summer St (partial rest in 494-A)
- 494 / 494-A
  - Summer St (partial rest in 44-A)
- **770** 
  - Park Ave Park Ave Extension
  - Mystic St
  - Pleasant St Chestnut St Medford St
  - Forest St
- **•** 793
  - Frontage Road
- 793-A
  - Frontage Road
- **903** 
  - Paul Revere Road
  - Jason St
  - Gray St
- **991** 
  - Medford St
  - Hamlet St
- **1**055
  - North Union St
  - Highland Ave
  - Eastern Ave & Spring St
  - Pheasant Ave
  - Mountain Ave
- **2084** 
  - Bow St
  - River St
  - Gardner St
  - Ridge St
  - Dow Ave
  - Lake St
  - Broadway
- **5035** 
  - Appleton St
  - Oak Hill Dr
  - Wachusett Ave

### Attachment C - Rescinding Special Speed Regulations

### Part 8. Rescinding Special Speed Regulations

A municipality may decide to rescind an existing Special Speed Regulation on a municipal way. Doing so should only take place after careful consideration, as rescinding a Special Speed Regulation will change the speed laws, including enforcement methods, that govern the street will from MGL c. 90 § 18 to MGL c. 90 §§ 17 or 17C (as described in **Part 2**) and any regulatory speed limit signs will have to be removed.

If a city or town moves to rescind a Special Speed Regulation on a municipal way, it should specifically reference the regulation number and whether the recission is for all or a portion of the regulation. If only a portion of the regulation is to be rescinded, it should clearly be noted in the action made by the body that governs the municipal traffic code. Upon approval by the municipality, a certified copy of the action shall be sent to:

State Traffic Engineer
Attention: Regulations Engineer
MassDOT Highway Division
10 Park Plaza, 7<sup>th</sup> Floor
Boston, MA 02116

Upon notification of the recession, MassDOT will prepare a modified or rescinded Special Speed Regulation, depending upon the action taken by the municipality. Similar to the creation of a new Special Speed Regulation, this document will be signed by the Registrar of Motor Vehicles and the State Traffic Engineer, and copies will be supplied to the District Office and the municipality. At this time the municipality shall remove the regulatory speed limit signs and the speed enforcement of the road will revert to MGL c. 90 §§ 17 or 17C. Any new speed signage shall conform to the standards shown in Part 10 and the MUTCD.



TAC Recommendation: Gray Street/Churchill Ave Intersection

### ATTACHMENTS:

|   | Type                  | File Name                            | Description        |
|---|-----------------------|--------------------------------------|--------------------|
| D | Reference<br>Material | TAC_Memo_Gray_Street.pdf             | Gray St. Crosswalk |
| D | Reference<br>Material | Gray_St_Crosswalk_Correspondence.pdf | Original Concerns  |



#### TRANSPORTATION ADVISORY COMMITTEE.

Arlington Planning Department, 730 Mass Ave, Arlington MA, c/o John Alessi

Date: June 12, 2024 To: The Select Board

From: The Transportation Advisory Committee (TAC)

Subject: Gray St Crosswalk Request

### **Summary and Recommendations**

The Transportation Advisory Committee was asked to evaluate possible pedestrian crosswalk locations at either Endicott Rd and Gray St or Valley Rd and Gray St in March of 2023. A TAC working group made several site visits and took pedestrian counts on three separate occasions.

### Our recommendations are:

- No Action to adding a crosswalk in these locations.
- Repaint the white edge lines from Bartlett Ave to Endicott Ave to have a consistent lane width.

### **Background**

TAC has previously evaluated Gray Street from Pleasant Street to the Crusher lot in 2013 as a part of a large study of pedestrian safety along the Gray St corridor in conjunction with DPW, Brackett Safe Routes To School, and the Director of Transportation for Arlington Public Schools. TAC made several recommendations to lower speeds and add a new crosswalk. At the time Valley Road was evaluated as a potential crosswalk location, but too few pedestrians crossed at this location to warrant a crosswalk.

In 2023 TAC members made pedestrian counts to see if pedestrian traffic had increased in these locations at several possible peak periods: weekday mornings before the 8:00 start of school to try and count school children crossing and a Saturday afternoon to count pedestrians headed to Menotomy Rocks Park for leisure.

Traffic seemed orderly and there were many gaps for pedestrians to safely cross. Is it noted that the road widens from around 24' to around 34' at Valley Road, which can lead to drivers subconsciously increasing their speed. A white painted edge line had been previously painted from Endicott Ave to Bartlett Ave and is now barely visible.

### Some Observations from these visits are:

- Gray Street is very wide at Valley Road, and it is a long way to cross (about 34').
- There is good sight visibility at Valley Road between a vertical curve to the east and another to the west.
- There is no sidewalk on the south side of Gray St from Churchill Ave to Valley Rd.
- Four school children cross Gray Street at Valley Rd to access a school bus stop.
- Most children headed to Ottoson Middle School did not cross Gray St along this stretch.
- Many of the people crossing near Valley Rd were adults walking dogs and did not always cross at intersections.
- There were few vehicles parked along Gray St that could obscure a pedestrian trying to cross.

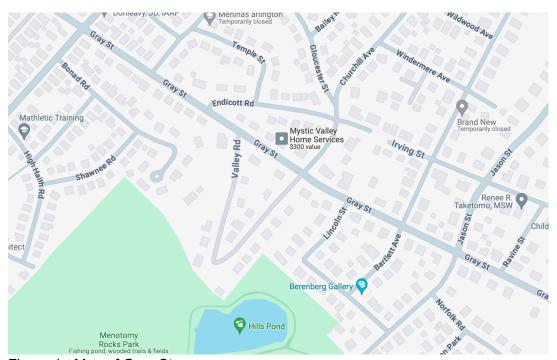


Figure 1: Map of Gray St



Figure 2: White Edge line along Gray St is no longer visible from some angles

### **Results**

The pedestrian counts were adjusted to find hourly rates at three intersections along Gray St (See Appendix A).

|         |                    | Pedestrian crossings: hourly rate |        |           |  |
|---------|--------------------|-----------------------------------|--------|-----------|--|
| Date    | Time               | Endicott                          | Valley | Churchill |  |
| 4/28/23 | Weekday AM<br>Peak | 0                                 | 4      | 0         |  |
| 5/6/23  | Weekend PM<br>Peak | 1                                 | 1      | 15        |  |
| 2/2/24  | Weekday AM<br>Peak | 2                                 | 12     | 2         |  |

### Conclusion

There are not enough pedestrians crossing at one location to warrant a crosswalk at this time. Adults accessing the park are unlikely to go a block or more out of their way for a crosswalk in this area.

Repainting this edge line to have a consistent lane width will act as a visual cue for drivers to maintain their speed and can act as a passive traffic calming measure.

# Appendix A: Pedestrian Counts

# **Observation and Traffic Counts** Grey + Valley Location: Time: 7: 40am -8:10am Date: 4/28/23 By: Laura Weather: Sunny & Cool 420 Peds: Peds: $\leftrightarrow$ 3 $\leftrightarrow \bot$ Peds: Peds: Peds: Peds: Peds: Peds: **1** 12 Grey St Peds: ↔ 6 Peds: $\leftrightarrow$ \_ 3 4 kids @ bus Stop Speed Feedback sign? \* Grey St Sidenalks -speeding \* Nice afternoon, weekend \* White lines \* Speed on Grey St between Endicott + Churchill

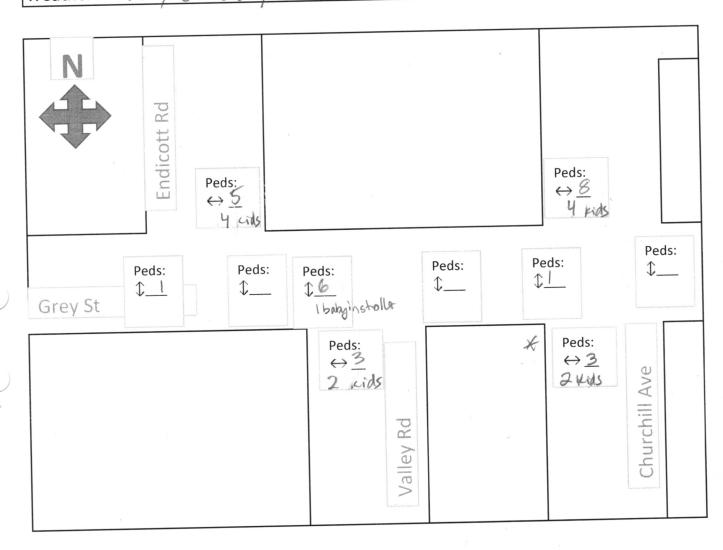
| Observation and Traffic Counts                          |                                 |  |  |  |  |  |
|---|---------------------------------|--|--|--|--|--|
| Location: Civeys Valles                                 |                                 |  |  |  |  |  |
| Date: 5/6/23 Time: 4.05-<br>Weather: Sunny, 20s, lovely | 4:45 By: LS                     |  |  |  |  |  |
| Peds: ↔ B   | Peds:                           |  |  |  |  |  |
| Peds:   | Peds: Peds: \$\dagger\$ \tag{6} |  |  |  |  |  |
| Peds:<br>↔ <u>a</u>                                     | Valley Rd  Churchill Ave        |  |  |  |  |  |

# **Observation and Traffic Counts**

Location: Churchill Gray St

Date: Feb 2 1024 Time: 7:45-8:16 By: LS

Weather: 32°, overlast, clear side walkst little nind. walkable



----Original Message-----From: claudia mattison <<

To: SDeCourcey@town.arlington.ma.us; LDiggins@town.arlington.ma.us;

EHelmuth@town.arlington.ma.us; JHurd@town.arlington.ma.us; DMahon@town.arlington.ma.us

Sent: Sun, Feb 5, 2023 8:59 pm

Subject: Gray Street Safety Concerns

CAUTION: This email originated from outside of the Town of Arlington's email system. Do not click links or open attachments unless you recognize the REAL sender (whose email address in the From: line in "< >" brackets) and you know the content is safe.

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Select Board,

I am writing to let you know about my concerns about the traffic on Grey Street. I live at 77 Gray Street, and I constantly see people flying over the hill towards Pleasant Street or charging up the hill away from Pleasant Street. It is nerve-wracking trying to cross the street, because people go so quickly, and if they are coming from the top of the hill, they are blind to people crossing at Lincoln Street. I have two children, and I am actually putting in a fence because we are so worried about Gray Street traffic. People go way too fast with no regards to pedestrians. There are a huge number of children in the area, and we need to make it safer for them. It would be awful if one of them was hit. I would like to ask the committee to review potential options for making this stretch of Gray Street safer for the residents.

Thanks, Claudia Mattison 77 Gray St, Arlington, MA 02476 ----Original Message----

From: Shawna M

To: SDeCourcey@town.arlington.ma.us; LDiggins@town.arlington.ma.us;

EHelmuth@town.arlington.ma.us; JHurd@town.arlington.ma.us; DMahon@town.arlington.ma.us

Sent: Thu, Feb 2, 2023 4:15 pm

Subject: Child almost hit by car on Gray St today

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Select Board.

This morning, my 6 year old son was almost hit by a car on Gray St as we were crossing the street to the bus stop. The section of Gray between Churchill and Endicott is often crossed by pedestrians heading to Menotomy Rocks Park and, in our case, children heading to the bus stop at Valley & Gray. There is no cross walk or stop sign in that stretch of Gray St and cars fly up the hills on either side of Churchill & Endicott. We've lived on this street for 8 years and have brought our safety concerns to the police department on numerous occasions. We've also been told that the police in Arlington do not want to ticket people for speeding, making the situation even more dangerous.

In 2017, I connected with Corey Rateau to discuss the issue and was informed that an evaluation was previously completed and that there is no location suitable for a cross walk on that stretch of Gray due to lack of sidewalks and line of sight visibility. I am asking for this to be revisited and for any and all options to control traffic and improve safety on this stretch of Gray St to be explored.

As a safety professional and a parent, I certainly hope the Town of Arlington can be more proactive and not wait for a child to be killed before addressing this serious safety issue. Please let me know how to best continue this discussion in person.

We thank you for your attention to this matter. Sincerely,

Shawna & Christian Marquis 87 Gray St ----Original Message----

From: Jill Greenlee >

To: SDeCourcey@town.arlington.ma.us; LDiggins@town.arlington.ma.us;

EHelmuth@town.arlington.ma.us; <a href="mailto:DMahon@town.arlington.ma.us">DMahon@town.arlington.ma.us</a>; <a href="mailto:DMahon.ma.us">DMahon@town.arlington.ma.us</a>; <a href="mailto:DMahon.ma.us">DMahon@town.arlington.ma.us</a>; <a href="mailto:DMahon.ma.us">DMahon@town.arlington.ma.us</a>; <a href="mailto:DMahon.ma.us">DMahon.ma.us</a>; <a href=

Sent: Thu, Feb 2, 2023 8:17 pm

Subject: Safety concerns about Gray Street

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CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Select Board,

I write to ask that the town look into placing a crosswalk, lights to slow cars, or some other means of making Gray Street (near the intersection of Churchill) safer for pedestrian traffic. Today a neighbor's child was nearly hit by a car there; an incident that scared both the child and his parents. I also cross Gray Street at that intersection nearly every morning when walking my dog and frequently cross with my children. To cross, one has to RUN across the street, as cars drive at high speeds in both directions. It does not feel safe.

As a former board member of the Arlington Council on Aging, I was involved in the initial steps of designating Arlington as an AARP "Age Friendly" community. Part of this designation is ensuring that residents of all ages are able to move about the town safely. This includes pedestrian safety. Gray Street sits near the entry of one of the most highly used parks in the town, Menotomy Rocks Park. Ensuring that pedestrians of all ages can safely cross Gray Street to access the park, reach school bus stops, or just cross the road there is critical. I hope you will investigate options to control traffic and improve safety on Gray Street.

Thank you for your consideration.
Best wishes,
Jill Greenlee
24 Windermere Ave
Arlington, MA



Discussion: Churchill Avenue, Endicott Road, and Gloucester Street Intersection

ATTACHMENTS:

Type File Name Description

Reference TAC\_L.Swan\_Churchill\_\_Endicott\_\_Gloucester.pdf Referral

### OFFICE OF THE SELECT BOARD

LENARD T. DIGGINS, CHAIR DIANE M. MAHON, VICE CHAIR JOHN V. HURD STEPHEN W. DECOURCEY ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE TELEPHONE 781-316-3020 781-316-3029 FAX

# TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

### **MEMORANDUM**

TO:

Laura Swan, Chair

**Transportation Advisory Committee** 

FROM:

**Britton Mallard** 

Administrative Assistant

DATE:

February 28, 2023

RE:

Concerns Re: Intersection Improvement at Churchill Ave, Endicott

Rd, and Gloucester St

The Select Board at the meeting of February 27, 2023, referred the attached to you for your review and recommendations back to the Board.

Thank you for your attention to this matter.

attachment

### Summary

At the intersection of Churchill Ave, Endicott Rd, and Gloucester St we believe the road is excessively wide, which leads to unsafe pedestrian crossing, unsafe vehicle merging, and an unnecessary lack of green space. To give perspective, the current distance pedestrians cross is equivalent to 10-15 Subaru Forester SUVs side-to-side. We kindly ask the town to explore and act upon options for decreasing the area of paved space, increasing green space, and supporting safer crossing of pedestrians and drivers.

### **Areas for Intersection Improvement**

The intersection of Churchill Ave, Endicott Rd, and Gloucester St is depicted in Figure 1 below with example images from a pedestrian point of view in Appendix 1. The wide road width entering the intersection, in addition to the size of the intersection itself, lead to multiple problems including:

<u>Pedestrian safety</u>: While the roads that feed into the intersection are about 30 feet wide, the primary pedestrian crossing areas range from 62-90 feet wide and do not have crosswalk signage. These large distances take extra time to cross on foot and do not have any protections from traffic. Of note, this intersection is heavily trafficked by high school students walking to/from school.

Vehicle safety: Vehicles coming from Gloucester or Endicott and turning onto Churchill have multiple challenges including (1) uncertainty where to stop given the wide road opening and (2) poor visibility looking south along Churchill given a hill and curve in the road. Furthermore, given the obtuse angle of the intersection, it's not always clear what is the main flow of traffic and subsequently vehicles tend to merge or turn at higher speeds than may be safe.

Green space: All the excess pavement area could instead be green space. Our impression is that Arlington recognizes the importance of green space, including water runoff buffering, reduction of urban heat islands, and general citizen enjoyment.



**Figure 1**: Google image of the intersection. Distances measured in feet and done by hand using a tape measure.

### **Potential Solution**

We believe there are options for extending the curbs and/or adding islands to address some of the issues raised above. Below in Figure 2 is one option we roughly sketched as a potential solution to the problems raised. A similar approach was taken at the intersection of Gray St. And Endicott Rd with success in slowing traffic on Endicott. We ask the town to consider this option, as well as explore additional solutions, to significantly improve this intersection and the lives of people who use it.



Figure 2: Sketches of alternate intersection design

Thanks for your consideration in this matter. Please find signatures on the following page



| Name                       | Address          | Date     | Signature    |
|----------------------------|------------------|----------|--------------|
| TVUITO                     | Address          |          | QL M         |
| Devin and Brittany Bridgen | 25 Endicott      | 1/1/2023 | Butan Alle   |
| Daviel Sheely              | 141 6va y 54     | 1/1/2013 | Vamel Shalp  |
| She an Vik                 | 141 Gray St      | 1/1/2023 | Jusun VIK    |
| 1. David Leslie            | 145 Gray ST      | 1/1/2003 | fliller      |
| Katavzyna Bryc             | 145 Gray St.     | 1/1/2023 | 1po Per      |
| Chis Chiappa               | 38 Temple        | 1/1/2023 | Class        |
| Maggie Benthall            | 42 Temple St,    | 1/1/2023 | MRBenthall 1 |
| havine any                 | 1 En death       | 1/1/20   | Jan my       |
| Jean Yodon                 | 70 Chrohill Are  | 1-1-23   | Cla Var      |
| RicardhyCondois            | P Endicost Rd    | 1/1/20   | 3            |
| Shern/1/1800               | 67 Churchild Ave | 1/8/2023 | Then Reising |
| DAVID APPANER              | 67 CAUNCHIN AN   | 1/8/2023 | Just Site    |
| ALICE TSAL-MARIE           | 35 Temple St.    | 1/7/2023 | Oms          |
| ROVE SINARD                | 34 Templost      | 1/7/2020 |              |
| Mary Perry                 | 27 Tempte St     | 1126/23  | Mary Perry   |
| Sessica Nordaren           | 19 Savon st.     | 1/26/27  |              |
| 1 7 0 0 10                 | 54 Temple St     | 1/28/23  |              |
| Jean-Charles Marie         | 35 Temple St     | 02/05/23 | Millian      |
|                            |                  |          | 7            |
|                            |                  |          |              |
|                            |                  |          |              |
|                            |                  |          |              |



Looking north from the intersection of Endicott and Gloucester



Looking south-east from the intersection of Endicott and Gloucester



### Request for New Memorial & Memorial Edit for Alan Hovhaness

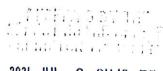
**Summary:** Alan Jones

**ATTACHMENTS:** 

Type File Name Description

Parameter Reference 20240815130925959.pdf Reference





2024 JUL -3 PM 12: 59

June 12, 2024

Select Board Town of Arlington, Massachusetts 730 Massachusetts Ave Arlington, MA 02476

To the members of the Select Board,

We, a team comprising the Armenian Cultural Foundation, the John Mirak Foundation and residents of Arlington, request that you consider two projects to enhance the recognition of Alan Hovhaness, the world-famous composer who grew up on Blossom Street and graduated from Arlington High School. He is currently recognized on a stone and plaque beside the Jefferson Cutter House, but we are requesting permission to augment that memorial as follows:

- 1. Add one or more QR codes on or near the existing memorial, which would point to a new web site which we will develop. The Armenian Cultural Foundation has an extensive collection of documents, recordings, scores, and other materials which can be made available through a web site. The QR code would make it easy for curious visitors to explore Hovhaness and his works.
- 2. Add a sign or plaque at or near 5 Blossom Street, as a reminder that he grew up in Arlington, and to help tourists identify the location.

All expenses would be covered by the Armenian Cultural Foundation and the John Mirak Foundation.

We understand that the next step will likely be a referral from the Select Board to the Public Memorial Committee, and we would work with them to define the specifics and location of any new signage.

Thank you for your consideration. We look forward to meeting with you at your earliest convenience. Please contact Alan Jones at

Robert Mirak, President

Armenian Cultural Foundation

Ara Ghazarians, Curator

Armenian Cultural Foundation

Michael Armanious, Arlington Resident

Alan Jones, Arlington resident



**NEW BUSINESS** 



### Next Scheduled Meeting of Select Board September 9, 2024

### Summary:

You are invited to a Zoom webinar.

When: Aug 19, 2024 07:15 PM Eastern Time (US and Canada)

Topic: Select Board Meeting

Register in advance for this webinar:

https://town-arlington-ma-us.zoom.us/webinar/register/WN\_MO63LtWtTDamMzEKiUzNYw

After registering, you will receive a confirmation email containing information about joining the webinar.

\*Notice to the Public on meeting privacy\* In the interests of preventing abuse of videoconferencing technology (i.e. Zoom Bombing) all participants, including members of the public, wishing to engage via the Zoom App must register for each meeting and will notice multi-step authentication protocols. Please allow additional time to join the meeting. Further, members of the public who wish to participate without providing their name may still do so by telephone dial-in information provided above.