## IV. BOARDS, COMMITTEES & DEPARTMENT REPORTS

### V. PUBLIC COMMENTS

## **VI. TOWN ADMINISTRATOR REPORT**

### BOARD OF APPEALS

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TOWN OF LANCASTER, MASSACHUSETTS

MEMBERSHIP: 3 or 5 Members and 3 Alternates.

### TERM OF OFFICE: Staggered terms of 5 years; Alternates for 1, 2, or 3 years.

STATUTORY REFERENCE: M.G.L.A. c. 40A, section 12; Zoning Bylaw.

POSITION #	NAME	MAILING ADDRESS	TERM EXPIRATION DATE	NEXT TERM EXPIRATION	COMMENTS
1	Jeanne G. Rich	281 Mill St. Ext., Lancaster 01523	6/30/2024	6/30/2029	Chair
2	Robert Alix	61 Woodland Meadow Drive	6/30/2024		From Assoc. to replace J. Meyer.
3	Francis G. Sullivan, Jr.	394 Parker Rd., Lancaster 01523	6/30/2022		from Assoc. to fill R. Marshall term
4	Matthew J. Mayo	13 Lee Street, Lancaster 01523	6/30/2023		Gulliver resigned unexpired term
5	David K. Stadtherr	245 Langen Road, Lancaster, MA 01523	6/30/2023		
Alt 1	Eric Jakubowicz	852 George Hill Road	0/00/000 /		
Alt 2	Ryan Aldrich	290 Neck Road, Lancaster 01523	6/30/2024		2 year term
	Dennis Hubbard, Jr.	258 Grant Way, Lancaster	6/30/2023 6/30/2022		3 year term 1 year term

Johanna Meyer moved from Associate to Member to full member. Did not want to be reappointed term exp. 6/30/21

Scott Miller moved from Full Member to Associate - did not want to be reappointed 6/30/21

Matthew Mayo moved from Associate to Member - vacated by S. Gulliver

Robert Baylis resigned 1.29.2020 as Associate

Robert Alix moved from Associate to Full Member

#### BOARD OF APPEALS

#### TOWN OF LANCASTER, MASSACHUSETTS

MEMBERSHIP: 3 or 5 Members and 3 Alternates.

# TERM OF OFFICE: Staggered terms of 5 years; Alternates for 1, 2, or 3 years. STATUTORY REFERENCE: M.G.L.A. c. 40A, section 12; Zoning Bylaw.

TERM NEXT **POSITION #** NAME EXPIRATION COMMENTS MAILING ADDRESS TERM DATE **EXPIRATION** 1 Jeanne G. Rich 281 Mill Street Ext., Lancaster 01523 6/30/2012 6/30/2017 2 Sarah E. Gulliver 717 George Hill Road, Lancaster 01523 6/30/2013 6/30/2018 3 David K. Stadtherr 245 Langen Road, Lancaster, MA 01523 6/30/2013 6/30/2018 4 Eugene C. Christoph 2 Heritage Lane, Box 402, South Lancaster 01561 6/30/2014 6/30/2019 5 Scott Miller 60 Bolton Station Road, Lancaster 01523 6/30/2016 6/30/2021 Alt 1 Robert Marshall 424 White Pond Road, Leominster 01453 6/30/2014 6/30/2019 Alt 2 Francis G. Sullivan, Jr. 394 Parker Road, Lancaster 01523 6/30/2015 6/30/2020 Alt 3 John P. Parsons 172 Sterling Road, Lancaster 01523 6/30/2016 6/30/2021

#### LANCASTER BOARD OF SELECTMEN REGULAR MEETING MINUTES OF JUNE 20, 2001

#### I. CALL TO ORDER

Chairman James J. Ford, Jr. called the Regular Meeting of the Board of Selectmen to order at 6:00 P.M. in the Nathaniel T. Dexter Community Meeting Room, 717 Main Street, Lancaster, Massachusetts. Ms. Turner and Mr. Hilliger were present. Alan L. Agnelli, Town Administrator was also present.

#### II. SCHEDULED APPEARANCES

#### Public Hearing – Pole Hearing Mill Street Verizon No. 961208:

Present: Richard Naleski, Engineer Assistant-Mass. Electric Co. Michael Fred, Verizon Jeanne Rich, 431 Center Bridge Road, Lancaster, MA, affected property owner Barbara Stone, 271 Mill St. Ext., Lancaster, MA – abutter John Crocker, 298 Mill St. Ext., Lancaster, MA – abutter

Mr. Ford opened the Public Hearing at 6:00P.M. and read aloud the Legal Notice, as follows [the Public Hearing was advertised to be held in the Selectmen's Office, 695 Main Street, Lancaster, however the location was changed to the Library]:

#### TOWN OF LANCASTER NOTICE OF PUBLIC HEARING PETITION FOR JOINT OR IDENTICAL POLE LOCATIONS

# TO WHOM IT MAY CONCERN AS INTERESTED PARTY OR AN ABUTTER OF RECORD:

Under the provisions of Chapter 166 of the General Laws, and any additions thereto or amendments thereof, a Public Hearing is scheduled for Wednesday evening, June 20, 2001 at 6:00 P.M., in the Selectmen's Office, Lancaster Town Hall, 695 Main Street, Lancaster, MA to consider a petition submitted by Verizon New England, Inc. and Massachusetts Electric Company requesting permission to locate poles, wires, cables and fixtures, including the necessary anchors, guys and other such sustaining and protecting fixtures to be owned and used in common by the petitioners, along and across the following public way:

#### **MILL STREET**

To place one (1) new pole on Mill Street at a point approximately 837 feet southeasterly from the centerline of the intersection of Lancaster Road and Bolton Station Road. One (1) new jointly owned pole, two (2) jointly owned poles to remain and one (1) jointly owned pole to be removed.

LANCASTER BOARD OF SELECTMEN James J. Ford, Jr., Chairman Alexandra W. Turner, Clerk Steven A. Hilliger, Member

Verizon Plan No. 961208

Mr. Fred indicated that this work is necessary to place one new pole on Mill Street to provide service to one new home (being built by Paul & Jeanne Rich) since the existing pole that is in place presents an aerial trespass.

There being no opposition, on motion by Ms. Turner, seconded by Mr. Hilliger, it was unanimously voted to grant Verizon New England, Inc. and Massachusetts Electric Company permission to place one (1) new pole on Mill Street at a point approximately 837 feet southeasterly from the centerline of the intersection of Lancaster Road and Bolton Station Road. Two (2) jointly owned poles to remain and one (1) jointly owned pole to be removed (Verizon No. 961208 dated May 15, 2001).

The Public Hearing was closed at 6:05 P.M.

#### III. TOWN ADMINISTRATOR'S REPORT

Alan L. Agnelli, Town Administrator, reported on various issues and projects presently under review of the Board and items of interest to the Town.

#### IV. APPROVAL OF MEETING MINUTES

On motion by Ms. Turner, seconded by Mr. Ford, it was voted to accept the Special Meeting Minutes of April 25, 2001. On motion by Ms. Turner, seconded by Mr. Hilliger, it was unanimously voted to accept the Regular and Executive Session Meeting Minutes of June 6, 2001.

#### V. APPOINTMENTS AND RESIGNATIONS

#### Appointments 2001-2002:

On motion by Mr. Hilliger, seconded by Ms. Turner, it was unanimously voted to approve appointments as noted on the list attached to these Minutes.

#### VI. ADMINISTRATION, BUDGET AND POLICY

#### Animal Inspector Annual Travel Allowance:

On motion by Ms. Turner, seconded by Mr. Hilliger, it was unanimously voted to authorize payment in the amount of \$50 to Shawn M. Corbett, Animal Inspector, FY2001 annual travel allowance and henceforth payment for the annual travel allowance is approved for subsequent fiscal years.

#### V. LEGAL NOTICES AND PUBLICATIONS - None

- VI. LICENSES AND PERMITS None
- VII. COMMUNICATIONS None

#### VIII. OTHER BUSINESS

#### **Barnes Court Sewage Discharge Pipe:**

Communication was received from the Board of Health advising that the Board of Health has been investigating suspected sewage discharge from pipes on Barnes Court. At least one unidentified pipe continues to discharge into the wetland area below Barnes Court. Based on a site inspection by William Brookings, R.S. of Nashoba Associated Boards of Health, and his discussions with Joe Sklarz of Earth Tech on October 13, 2000, the Board of Health feels that this pipe may have been encountered during excavation for sewer on Main Street.

The Board of Health is requesting that the pipe be excavated within the Town's right-ofway along Main Street and sealed prior to the final paving of Main Street. The matter will be referred to the Board of Public Works.

#### South Lancaster Fire Station Renovation: (See Minutes of 5/16/01-p. 2).

Ono motion by Ms. Turner, seconded by Mr. Hilliger, it was unanimously voted to authorize the release of \$42,512 in Prison Expansion Mitigation Grant Funds for foundation and sill repairs at South Lancaster Fire Station.

# <u>New Police Headquarters Project Change Order No. 15:</u> (See Minutes of 3/21/01-p. 6 & 7).

On motion by Ms. Turner, seconded by Mr. Hilliger, it was unanimously voted to approve Change Order #15 in the amount of \$4,385 for the removal and disposal of the underground fuel storage tank at the Public Safety Building.

# New Police Headquarters Project Change Order No. 16: (See Minutes of 3/21/01-p. 6 & 7).

On motion by Mr. Hilliger, seconded by Ms. Turner, it was unanimously voted to approve Change Order #16 in the amount of \$4,641 for sign letter upgrade, zone dampers, plumbing fixture revision and column base revision.

#### Meals on Wheels Volunteers Insurance Policy Rider:

The Council on Aging has money in grants to cover the \$500 insurance premium cost. Mr. Ford stated that "the Meals-on-Wheels is a good program and we owe some protection to those people willing to volunteer".

On motion by Ms. Turner, seconded by Mr. Hilliger, it was unanimously voted to accept the <u>Medical & Death Accident Insurance Policy Rider</u> for Meals-on-Wheels volunteers.

FY2002 Special Officers/Town of Lunenburg Police Officers: (See Page 2 these Minutes)

On motion by Ms. Turner, seconded by Mr. Hilliger, it was unanimously voted to appoint Lunenburg Police Officers as Special Officers (see names attached to these Minutes).

#### Use of Main Hall:

On motion by Ms. Turner, seconded by Mr. Hilliger, it was unanimously voted to grant permission to the Council on Aging to use the Main Hall on June 22<sup>nd</sup> from 12 noon to 2 P.M. for a BBQ in the event of rain. Event is scheduled to be held at the Perkins School.

#### IX. NEW BUSINESS - None

#### X. ADJOURNMENT

The Board voted to adjourn at 6:35 P.M.

Alexandra W. Turner, *Clerk Accepted*: September 5, 2001

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### **APPOINTMENTS FOR 2001-2002**

POSITION	EXPIRATION DATE	NEW APPT. EXPIRES
Board of Appeals		
James M. Burgoyne	6/30/01	6/30/06
Timothy J. Smith (Alternate)	6/30/01	6/30/04
<b>Board of Registrars of Voters</b>	,	
Cecilia E. Thurlow	4/1/01	4/1/04
Conservation Commission		
John T. Ledoux	6/30/01	6/30/04
Jane A. Rose	6/30/01	6/30/04
Harold P. Mahon	6/30/01	6/30/04
Pearley B.C. Mears, Jr.	6/30/01	6/30/04
<u>Constables</u>		
Kevin D. Lamb	5/20/01	5/20/04
Lyle W. Pierce	6/17/01	6/17/04
Stanley Y. Roberts	6/17/01	6/17/04
Council on Aging		
Marjorie F. Corbley-Whittier	6/30/01	6/30/04
Historical Commission		
Kathleen Griffin	6/30/01	6/30/04
Sally M. Rouleau	6/30/01	6/30/04
Local Education Fund Committee		
Vicky L. Bearce	12/7/00	12/7/03
Margaret M. Burgoyne	12/7/00	12/7/03
Margaret M. Diaz	12/7/00	12/7/03
Debra C. Piermarini	12/7/00	12/7/03
Joan I. Mitchell	12/7/00	12/7/03
Michael Grenier, Supt. Designee	12/7/00	12/7/03
Memorial Day Committee		
Cheryl A. Bartlett	6/30/01	6/30/02
Daniel P. Downing	6/30/01	6/30/02
Frank T. MacGrory	6/30/01	6/30/02
Mary K. Paquette	6/30/01	6/30/02

### APPOINTMENTS FOR 2001-2002

POSITION	EXPIRATION DATE	NEW APPT. EXPIRES
<u>Memorial Day Committee</u> Henry A. Paszko Karen S. Shaw Carol J. Sonia	6/30/01 6/30/01 6/30/01	6/30/02 6/30/02 6/30/02
Recreation Committee Henry A. Richter	6/30/01	6/30/04
<u>Town Administrator</u> Alan L. Agnelli	6/30/01	6/30/04



Commonwealth of Massachusetts Town of Lancaster





**September 8, 2008** 

## **CERTIFICATE OF APPOINTMENT**

Be it known on the date entered above that we, the Lancaster Board of Selectmen, do hereby reappoint Sarah E. Gulliver as a Member of the Board of Appeals for the Town of Lancaster and further certify that she is a person specially fitted by education, training or experience to perform the duties of said office, and that this appointment is made solely in the interests of the Town.

Christopher J. Williams, Chairman

Jennifer Leone, Clerk

John P. Sonia, Member

Appointment Term – July 1, 2008 to June 30, 2013

Worcester, ss.

Then personally appeared the above named Sarah E. Gulliver and made oath that she would faithfully and impartially perform the duties as a Member of the Board of Appeals according to the laws of the Commonwealth of Massachusetts, the Town of Lancaster, and all rules and regulations promulgated thereto, and further to the best of her ability.

Before me,

Town Clerk or Assistant Town Clerk

I have received a copy of the Open Meeting Law (M.G.L.A. c. 39, §§23A - 23B), the Conflict of Interest Law (M.G.L.A. c. 268A), and the Sexual Harassment Policy of the Town of Lancaster.

Appointee's Signature

Town Clerk - Original

Selectmen - Copy

**Appointee - Copy** 

July 14, 2009

Eugene C. Christoph 2 Heritage Lane, P.O. Box 402 South Lancaster, MA 01561

Dear Mr. Christoph:

We are pleased to inform you that at the Regular Meeting of the Board of Selectmen held on Monday evening, July 6, 2009, it was voted to reappoint you as a Member of the Zoning Board of Appeals for the Town of Lancaster for the term July 1, 2009 to June 30, 2014.

We respectfully request that you <u>immediately</u> report to the Town Clerk, or the Assistant Town Clerk, so that she may administer the oath of office to you, as required by the provisions of M.G.L. c. 41, §107.

The Board extends its thanks and appreciation to you for your willingness to continue serving the Town in this capacity.

Very truly yours,

Jennifer B. Leone, *Chairwoman* Board of Selectmen

JBL/kal

cc:

Town Clerk Zoning Board of Appeals – file copy

Worcester, ss.

Then personally appeared the above named Eugene C. Christoph, and made oath that he would faithfully and impartially perform the duties as a Member of the Zoning Board of Appeals according to the laws of the Commonwealth of Massachusetts, the Town of Lancaster, and all rules and regulations promulgated thereto, and further to the best of his ability.

Before me,

Town Clerk or Assistant Town Clerk

I have received a copy of the Open Meeting Law (M.G.L.A. c. 39, §§23A - 23B), the Conflict of Interest Law (M.G.L.A. c. 268A), and the Sexual Harassment Policy of the Town of Lancaster.

Appointee's Signature

June 8, 2010

Francis C. Sullivan, Jr. 394 Parker Road Lancaster, MA 01523

Dear Mr. Sullivan:

We are pleased to inform you that at the Regular Meeting of the Board of Selectmen held on Monday evening, June 7, 2010, it was voted to reappoint you as an Alternate Member of the Zoning Board of Appeals for the Town of Lancaster for the term July 1, 2010 to June 30, 2015.

We respectfully request that you <u>immediately</u> report to the Town Clerk, or the Assistant Town Clerk, so that she may administer the oath of office to you, as required by the provisions of M.G.L. c. 41, §107.

The Board extends its thanks and appreciation to you for your willingness to continue serving the Town in this capacity.

Very truly yours,

Jennifer B. Leone, *Chairwoman* Board of Selectmen

JBL/kal

cc:

Town Clerk Zoning Board of Appeals – file copy

Worcester, ss.

Then personally appeared the above named Francis G. Sullivan, Jr. and made oath that he would faithfully and impartially perform the duties as an Alternate Member of the Zoning Board of Appeals according to the laws of the Commonwealth of Massachusetts, the Town of Lancaster, and all rules and regulations promulgated thereto, and further to the best of his ability.

Before me,

\_ Town Clerk or Assistant Town Clerk

I have received a copy of the Open Meeting Law (M.G.L.A. c. 39, §§23A - 23B), the Conflict of Interest Law (M.G.L.A. c. 268A), and the Sexual Harassment Policy of the Town of Lancaster.

Appointee's Signature

Part I	ADMINISTRATION OF THE GOVERNMENT
Title VII	CITIES, TOWNS AND DISTRICTS
Chapter 40A	ZONING
Section 12	BOARDS OF APPEAL; MEMBERSHIP; RULES

Section 12. Zoning ordinances or by-laws shall provide for a zoning board of appeals, according to the provisions of this section, unless otherwise provided by charter. The mayor subject to confirmation of the city council, or board of selectmen shall appoint members of the board of appeals within three months of the adoption of the ordinance or by-law. Pending appointment of the members of the board of appeals, the city council or board of selectmen shall act as the board of appeals. Any board of appeals established hereunder shall consist of three or five members who, unless otherwise provided by charter, shall be appointed by the mayor, subject to the confirmation by the city council, or by the selectmen, for terms of such length and so arranged that the term of one member shall expire each year. Each zoning board of appeals shall elect annually a chairman from its own number and a clerk, and may, subject to appropriation, employ experts and clerical and other assistants. Any member may be removed for cause by the appointing authority upon written charges and after a public hearing. Vacancies shall be filled for

unexpired terms in the same manner as in the case of original appointments. Zoning ordinances or by-laws may provide for the appointments in like manner of associate members of the board of appeals; and if provision for associate members has been made the chairman of the board may designate any such associate member to sit on the board in case of absence, inability to act or conflict of interest on the part of any member thereof, or in the event of a vacancy on the board until said vacancy is filled in the manner provided in this section.

The board of appeals shall adopt rules, not inconsistent with the provisions of the zoning ordinance or by-law for the conduct of its business and for purposes of this chapter and shall file a copy of said rules with the city or town clerk. In the event that a board of appeals has appointed a zoning administrator in accordance with section thirteen said rules shall set forth the fact of such appointment, the identity of the persons from time to time appointed to such position, the powers and duties delegated to such individual and any limitations thereon.

#### Town of Lancaster FY24 Budget Planning Calendar

#### for the 2023 May Annual Town Meeting

July 15, 2022	Guidelines Information Issued	Finance Committee/Select Board
August 1, 2022	Capital Improvement Program (FY24-28) Instructions Issued	Town Administrator/ Finance Director
September 15, 2022	Capital Improvement Program (FY23-27) Requests due	Department Heads
October 14, 2022	Budget Instructions issued to all Departments	Town Administrator/ Finance Director
October 17, 2022	Budget Team CIP Review – Draft Plan & Information presented to Select Board & FINCOM	Select Board/Finance Committee
October 21, 2022	Internal Budget Team Meetings – Capital Focused Finalize Draft #2 for Borrowing & Outlay	Town Administrator/Finance Director
November 1, 2022	FY23 General Fund Operating Budget Outlook	Finance Committee
November 7, 2022	FY23 General Fund Operating Budget Outlook	Select Board
November 2-16, 2022	FY23 General Fund Operating Requests Review: Meetings with Town Department Heads	Town Administrator/ Finance Director Department Heads
November 30, 2022	FY23 General Fund Operating Requests Due	Department Heads
December 19-20,202	2 Draft Budget Review	Select Board & Finance Committee
December 20-30, 202	2 Additional Budget Revisions & Internal Reviews	Town Administrator
December 30, 2022	Incorporation of Nashoba Regional Budget Drivers, Capital Requests & Assessments	School Committee, Superintendent Town Administrator
January 13, 2023	FY24 General Fund Operating Budget and FY24-28 Capital Budget recommendations compiled by Budget Review Team for Committee review and discussion on recommendations	Relevant Boards & Committees Town Administrator/Finance Dir.
lanuary 16, 2023	PUBLIC BUDGET FORUM - Select Board Coordination Meeting; planning session for 2023 Annual Town Meeting & Review of known articles	Select Board
lanuary 16, 2023	FY24 General Fund Narratives sent out to Departments	Department Heads
anuary 23, 2023	FY24 Enterprise Budget Requests due	DPW, Water, Sewer
- February 20,2023	Solost Board Oscos Warnet	Colort Doord
	Select Board Opens Warrant	Select Board
March 20, 2023	Warrant Closes at 4:00 PM	Town Administrator/Town Clerk
March 21-31, 2023	Finalize Town Meeting Materials, Print Budget Books Publicize Town Meeting	All Town Departments All Town Boards & Committees
May 1, 2023	Town Meeting – 7:00 PM	Mary Rowlandson Elementary Auditorium

<sup>1</sup> At this time, this budget calendar is for illustrative and informational purposes only. Once discussed with relevant Boards, Committees and Departments, the Select Board and Town Administrator may alter the dates and actions above to best serve the Town and ensure information is available to the community well in advance of Town Meeting. It is also worth noting that the availability of the Nashoba Regional School budget drivers, projections and capital needs are not yet known. Once a budget calendar is received from the school committee, the schedule above may be amended to ensure all available information is represented.

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## VII. ADMINISTRATION, BUDGET AND POLICY

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#### ARTICLE 9 Economic Development Committee Bylaw Select Board

To see if the Town will vote to amend Chapter 17 of the Town of Lancaster's General Bylaw by inserting a new Article XI, as follows:

#### Article XI Economic Development Committee

§17-39 Membership.

The Economic Development Committee shall be comprised of five members appointed by the Select Board as follows: two members to be appointed for one year, two for two years, and three for three years. Thereafter, each member shall be appointed to a three-year term, as each term expires.

§17-40 Powers and Duties.

The Economic Development Committee is an advisory committee. It is charged with working collaboratively with the Town's Planning Director, private property owners, and businesses, to promote responsible business and residential development in Lancaster. The Committee shall also carry out any other task delegated to it by the Select Board or required by the Town's General and Zoning bylaws.

or act in any manner relating thereto.

Select Board recommendation: Finance Committee recommendation:

**Summary:** Currently there is an ad-hoc EDC committee. This proposal would codify the committee in the town's bylaws and make it a permanent committee.

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Town of *Cancaster* 

Office of the Town Plerk

701 Main Obtreet, Obuite 2 Eancaster, Massachusetts 01523 Tel (978) 365-3326 ext. 1013 - Faxe (978) 3684011

#### EXCERPT OF THE ANNUAL TOWN MEETING HELD TUESDAY, JUNE 23, 2020, 5:30 P.M. BOLTON FAIRGROUNDS JUNE 23, 2020 – TOWN MEETING VOTER ATTENDANCE:148, 4 NON-VOTERS

### ARTICLE 12 Affordable Housing Trust Creation

To see if the Town will vote to accept the provisions of Massachusetts General Laws Chapter 44, Section 55C, and establish a trust known as the Lancaster Affordable Housing Trust Fund, whose purpose shall be to provide for the preservation and creation of affordable housing in the Town of Lancaster for the benefit of low and moderate income households, and, further, to amend the General Bylaws of the Town to insert a new Chapter <u>17</u> of the Lancaster Town Code entitled: Affordable Housing Trust Fund, as follows, or act in any manner relating thereto:

## Chapter <u>17</u> Affordable Housing Trust Fund

- § X-1 Authority; establishment.
- § X-2 Purpose.
- § X-3 Composition.
- § X-4 Declaration of Trust.
- § X-5 Powers.
- § X-6 Acts of Trustees.
- § X-7 Funds paid to Trust.
- § X-8 Meetings; quorum.
- § X-9 Custodian of funds.
- § X-10 Liability.
- § X-11 Taxes.
- § X-12 Governmental body.
- § X-13 Board of Town.
- § X-14 Compensation of Trustees.
- § X-15 Amendments.
- § X-16 Duration of Trust.

<u>§ X-1</u> Authority; establishment.

Pursuant to the authority of G.L. c.44, §55C, there is hereby created a local municipal affordable housing Trust fund to be known as the "Lancaster Affordable Housing Trust Fund" (hereinafter "the Trust").

#### <u>§ X-2 Purpose.</u>

The purpose of the Trust shall be to provide for the preservation and creation of affordable and community housing in the Town of Lancaster for the benefit of low and moderate income households and for the funding of community housing, as defined in and in accordance with the provisions of the Community Preservation Act, G.L. c. 44B ("Chapter 44B").

#### <u>§ X-3</u> Composition.

There shall be a Board of Trustees of the Lancaster Affordable Housing Trust Fund (the "Board"), composed of one ex officio non-voting member and five (5) voting members. The Town Administrator or the Town Administrator's designee shall serve as the ex officio member. The voting members shall include: a member of the Board of Selectmen (chosen by the Board of Selectmen) and four (4) members appointed by the Board of Selectmen. Members must be residents of the Town of Lancaster.

The Board of Selectmen shall appoint the Trustees for terms not to exceed two (2) years (except if a person is appointed as a representative of a board or committee, in which case his or her term shall terminate upon the sooner vacating of the underlying office), provided, however, that the term of three (3) of the initial Trustee appointments shall be one year, so as to allow staggered terms. Trustees may be re-appointed at the discretion of the Board of Selectmen and there are no limits on the number of terms that a Trustee can serve. Vacancies shall be filled by the Board of Selectmen for the remainder of the unexpired term, notice of which shall be filled with the Town Clerk. The title to the Trust estate shall thereupon and without the necessity of any conveyance be vested in such succeeding Trustee jointly with the remaining Trustees. The Trustees shall annually elect a Trustee to serve as Chair.

Any member of the Board of Trustees may be removed by a vote of the Board of Selectmen for cause after the opportunity of a properly noticed public hearing. For purposes of this bylaw, the term "cause" shall include, but not be limited to, each of the following: violation of any local, state, or federal law; incapacity to perform the duties of a Trustee; and acts of a Trustee, that in the opinion of the Board of Selectmen, are negligent or detrimental to the Town or the Trust; or four (4) consecutive absences from Board of Trustees meetings. Any Trustee may resign by filing with the Town Clerk written notice thereof.

### § X-4 Declaration of Trust.

The Trustees are hereby authorized to execute a Declaration of Trust and Certificates of Trust for the Lancaster Affordable Housing Trust Fund, to be recorded with the Worcester District Registry of Deeds and filed with the Worcester Registry District of the Land Court.

#### § X-5 Powers.

The powers of the Board of Trustees, all of which shall be carried on in furtherance of the purposes set forth in G.L. c.44, §55C, and inclusive of any future amendments to that section, and shall include the following:

### A.

To accept and receive real property, personal property or money, by gift, grant, contribution, devise or transfer from any person, firm, corporation or other public or private entity, including but not limited to money, grants of funds or other property tendered to the Trust in connection with any Bylaw or any general or special law or any other source, including money from Chapter 44B; provided, however, that any such money received from Chapter 44B shall be used exclusively for community housing and shall remain subject to all the rules, regulations and limitations of that chapter when expended by the Trust, and such funds shall be accounted for separately by the Trust; and provided further, that at the end of each fiscal year, the Trust shall ensure that all expenditures of funds received from said Chapter 44B are reported to the Community Preservation Committee for inclusion in the community preservation initiatives report, form CP-3, to the Department of Revenue;

#### Β.

To purchase and retain real or personal property, including, without restriction, investments that yield a high rate of income or no income;

C.

To sell, lease, exchange, transfer or convey any personal, mixed, or real property at public auction or by private contract for such consideration and on such terms as to credit or otherwise, and to make such contracts and enter into such undertaking relative to Trust property as the Board deems advisable notwithstanding the length of any such lease or contract;

#### D.

To execute, acknowledge and deliver deeds, assignments, transfers, pledges, leases, covenants, contracts, promissory notes, releases, grant agreements, and

other instruments sealed or unsealed, necessary, proper or incident to any transaction in which the Board engages for the accomplishment of the purposes of the Trust;

E.

To employ advisors and agents, such as consultants, accountants, appraisers and lawyers, full-time or part-time staff, and to contract for administrative and support goods and services, as the Board deems necessary;

F.

To pay reasonable compensation and expenses to all advisors and agents and to apportion such compensation between income and principal as the Board deems advisable;

### G.

To apportion receipts and charges between incomes and principal as the Board deems advisable, to amortize premiums and establish sinking funds for such purpose, and to create reserves for depreciation, depletion or otherwise;

H.

To participate in any reorganization, recapitalization, merger or similar transactions; and to give proxies or powers of attorney with or without power of substitution to vote any securities or certificates of interest; and to consent to any contract, lease, mortgage, purchase or sale of property, by or between any corporation and any other corporation or person;

I.

To deposit any security with any protective reorganization committee, and to delegate to such committee such powers and authority with relation thereto as the Board may deem proper and to pay, out of Trust property, such portion of expenses and compensation of such committee as the Board may deem necessary and appropriate;

J.

To carry property for accounting purposes at other than acquisition date values;

K.

With Town Meeting approval, to borrow money on such terms and conditions and from such sources as the Board deems advisable, to mortgage and pledge Trust assets as collateral;

L.

To make distributions or divisions of principal in kind;

M.

To comprise, attribute, defend, enforce, release, settle or otherwise adjust claims in favor or against the Trust, including claims for taxes, and to accept any property, either in total or partial satisfaction of any indebtedness or other obligation, and subject to the provisions of G.L. c. 44, §55C, to continue to hold the same for such period of time as the Board may deem appropriate;

N.

To manage or improve real property; and to abandon any property which the Board determined not to be worth retaining;

## О.

To hold all or part of the Trust property uninvested for such purposes and for such time as the Board may deem appropriate;

## P.

To extend the time for payment of any obligation to the Trust; and

Q.

To exercise such additional powers consistent with the provisions of this Bylaw and G.L. c.44, §55C, as such section may be amended from time to time..

## § X-6 Quorum; Acts of Trustees.

Three (3) voting Trustees shall constitute a quorum and shall also be required to approve any motion. An affirmative vote of three (3) voting Trustees is required to exercise any or all of the powers of the Trustees hereunder, unless otherwise provided, and three (3) voting Trustees may execute on behalf of the Trustees any and all instruments with the same effect as though executed by all the Trustees. No Trustee shall be required to give bond. No license of court shall be required to confirm the validity of any transaction entered into by the Trustees with respect to the Trust Estate. Any borrowing by the Trust shall require the prior approval of the Lancaster Town Meeting.

## § X-7 Funds paid to Trust.

Notwithstanding any general or special law to the contrary, all monies paid to the Trust in accordance with any zoning Bylaw, exaction fee, or private contributions shall be paid directly into the Trust and need not be appropriated or accepted and approved into the Trust. General revenues appropriated into the Trust become Trust property and these funds need not be further appropriated to be expended. All moneys remaining in the Trust at the end of the fiscal year, whether or not expended by the Board within one year of the date they were appropriated into the Trust, remain Trust property.

### § X-8 Meetings.

Meetings of the Board shall be held on a regular basis. Special meetings may be called by the Chairperson or two Trustees. A Trust is a governmental body for purposes of G.L. c.30A, §§18 through 25, the Open Meeting Law; notice of any meeting of the Trust Fund shall be filed with the Town Clerk and posted in accordance with the Open Meeting Law. Minutes of all meetings shall be kept in accordance with the provisions of the Open Meeting Law, G.L. c.30A, §22. While a majority of the full Board shall constitute a quorum for the transaction of any business, less than a quorum may, subject to the requirements of the Open Meeting Law, continue a meeting to a time, date and place certain.

### § X-9 Custodian of funds.

The Town of Lancaster's Treasurer/Collector shall be the custodian of the Trust's funds and shall maintain separate accounts and records for such funds. The Treasurer/Collector shall invest the Trust's funds in the manner authorized by law. Any income or proceeds received from the investment of funds shall be credited to and become part of the Trust Fund. In accordance with G.L. c.44, §55C, the books and records of the Trust shall be audited annually by an independent auditor in accordance with accepted accounting practices or take any other action relative thereto. Upon receipt of the audit by the Board of Trustees, a copy shall be provided forthwith to the Board of Selectmen.

## § X-10 Liability.

Neither the Trustees nor any agent or officer of the Trust shall have the authority to bind the Town. The Trust is a public employer and the members of the Board are public employees for the purposes of G.L. c.268A. The Trust shall be deemed a municipal agency and the Trustees special municipal employees for purposes of G.L. c.268A.

## <u>§ X-11 Taxes.</u>

The Trust is exempt from G.L. c.59 and G.L. c.62, and from any other provisions concerning payment of taxes based upon or measured by property or income imposed by the Commonwealth of Massachusetts or any political subdivision thereof.

#### § X-12 Governmental body.

The Trust is a governmental body for purposes of the Open Meeting Law, G.L. c.30A, §§18-25.

#### § X-13 Board of Town.

The Trust is a board of the Town of Lancaster for the purposes of G.L. c.30B and G.L. c.40, §15A, but agreements and conveyances between the Trust and agencies,

boards, commissions, authorities, departments and public instrumentalities of the Town shall be exempt from said G.L. c.30B.

### § X-14 Compensation of Trustees.

Trustees shall not receive a salary, stipend, bonus or other means of compensation for their service as a Trustee, nor shall they be eligible for any benefits from the Town of Lancaster. Trustees may be compensated for reasonable out-of-pocket expenses for travel and other Trust-related expenses. All such out-of-pocket expenses shall be fully documented with receipts for expenses prior to payment by the Trust.

#### § X-15 Amendments.

The provisions of this Trust can only be amended by a vote of the Lancaster Town Meeting.

### § X-16 Duration of Trust.

This Trust shall be of indefinite duration until terminated by a vote of the Lancaster Town Meeting. Upon termination of the Trust, subject to the payment of or making provisions for the payment of all obligations and liabilities of the Trust and the Trustees, the net assets of the Trust shall be transferred to the Town of Lancaster and held by the Board of Selectmen for affordable housing purposes. In making any such distribution, the Trustees may, subject to the approval of the Board of Selectmen, sell all or any portion of the Trust property and distribute the net proceeds thereof to the Town of Lancaster. The powers of the Trustees shall continue until the affairs of the Trust are concluded. Once the Lancaster Town Meeting has voted to terminate the Trust, the Board of Selectmen shall have the power to approve all financial transactions made on behalf of the Trust.

## § X-17 Annual Report.

The Trustees shall prepare an annual report describing the activities of the Trust on a calendar year basis. The annual report shall be submitted to the Lancaster Board of Selectmen by February 12<sup>th</sup> of each year. The annual report shall list all financial transactions conducted by the Trust including all revenues and costs, provide a balance sheet of liabilities and assets of the Trust, list an inventory of all affordable housing units created, sold, and/or managed by the Trust, and any other pertinent information related to the business of the Trust.

Mr. Moody (seconded by Mr. Riley) moves to accept the provisions of Massachusetts General Laws Chapter 44, Section 55C, and establish a trust known as the Lancaster Affordable Housing Trust Fund, and further, to amend the General Bylaws of the Town to insert a new Chapter entitled: Affordable Housing Trust Fund, as written in the warrant.

## MOTION CARRIES WITH A MAJORITY VOTE

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# **Massachusetts Legal Holidays**

Holiday	2021	2022	2023
<b>New Year's Day</b> January First	Jan. 1, Fri.	Jan. 1, Sat.	Jan. 1, Sun. (3)
Martin Luther King, Jr. Day Third Monday in January	Jan. 18, Mon.	Jan. 17, Mon.	Jan. 16, Mon.
<b>Washington's Birthday</b> Third Monday in February	Feb. 15, Mon.	Feb. 21, Mon.	Feb. 20, Mon.
Patriots' Day Third Monday in April	Apr. 19, Mon.	Apr. 18, Mon.	Apr. 17, Mon.
<b>Memorial Day</b> Last Monday in May** (1A)	May 31, Mon.** (1A)	May 30, Mon.** (1A)	May 29, Mon.** (1A)
Juneteenth Independence Day June 19th	June 19th, Sat. (3)	June 19th, Sun. (3)	June 19, Mon.
Independence Day July 4th**	July 4, Sun.** (3)	July 4, Mon.**	July 4, Tue. **
Labor Day First Monday in September**	Sept. 6, Mon.**	Sept. 5, Mon.**	Sept. 4, Mon.**
<b>Columbus Day</b> Second Monday in October* (Restrictions until 12 noon) (2)	Oct. 11, Mon.* (2)	Oct. 10, Mon.* (2)	Oct. 9, Mon.* (2)
Veterans' Day November 11th* (Restrictions until 1pm) (2)	Nov. 11, Thu.* (2)	Nov. 11, Fri.* (2)	Nov. 11, Sat.* (2)
Thanksgiving Day Customarily the fourth Thursday in November* (1)	Nov. 25, Thurs.* (1)	Nov. 24, Thurs.* (1)	Nov. 23, Thurs.* (1)
Christmas Day December 25th* (1)	Dec. 25, Sat.* (1)	Dec. 25, Sun.* (1)(3)	Dec. 25, Mon.* (1)

\* - Full restrictions apply for ALL commerce

\*\* - Restrictions apply except to retail

(1) Liquor Stores must be closed for Thanksgiving and Christmas Days.

(1A) Liquor stores may not open prior to 12:00 noon Memorial Day.

(2) Many companies operate all day on these holidays, pending obtaining a local permit.

(3) All holidays falling on Sunday must be observed on Monday, under state law. Saturday holidays are observed on Saturday.

Above is a list of all legal holidays observed in Massachusetts. State, county, and municipal offices are closed on the days listed above. Federal offices are only closed on holidays which the federal government recognizes (i.e. New Year's Day, Martin Luther King, Jr. Day, Washington's Birthday, Memorial Day, Juneteenth Independence Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving, and Christmas). The term "federal holiday" is not applicable to individual states and the private sector since each state has jurisdiction over its holidays.

In Massachusetts certain holidays are subject to laws which restrict the type of work that may be performed as well as the kind of business and commercial activities that may remain open. Only those holidays followed by asterisks (\*) have certain restrictions. On holidays not followed by asterisks, business and commercial activities may operate as usual. Please note: Only retail establishments may open during the summer holidays of Memorial Day, Independence Day, and Labor Day. Some businesses may be required to pay premium pay on some holidays. Please contact the Attorney General's Fair Labor Division at 617-727-3465. The Department of Labor Standards (617-626-6975) oversees the approval of local permits allowing businesses to open on Columbus, Veteran's Days, Thanksgiving and Christmas when they otherwise could not open for some or all hours on those days.

For further information on holiday laws, contact Citizen Information Service:

Secretary of the Commonwealth	Telephone: 617-727-7030
Citizen Information Service	Toll-Free: 1-800-392-6090
One Ashburton Place, Room 1611	TTY: 617-878-3889
Boston, MA 02108-1512	Fax: 617-742-4528
	Email: cis@sec.state.ma.us

# VIII. APPOINTMENTS AND RESIGNATIONS

From: Sent: To: Subject: Eric Jakubowicz <eric@brooksideequipment.com> Friday, May 20, 2022 3:46 PM Kathi Rocco Ag Com

Kathleen,

My Name is Eric Jakubowicz I am a current member on the Agricultural commission and my term is coming to an end soon. I am writing this letter because as an active farmer I would like to stay on the commission for another term. I know the selectman need to do the reappointment so wanted to get this in in time. Thank you and let me know what I need to do. Eric

Eric Jakubowicz Purchasing & Sales <u>Brookside Equipment Sales</u> 60 State Rd Phillipston, MA 01331 Cell: 508-328-4827 Office 978-249-4600

From: Sent: To: Cc: Subject:

Debra Dennis Tuesday, May 3, 2022 10:27 AM Kathi Rocco jeannegrich@gmail.com Frank Sullivan-BOA reappointment

#### Kathi

Frank Sullivan has confirmed he wants to be reappointed to the Board of Appeals.

Debra Dennis, Office Manager Community Development and Planning 701 Main Street, Suite 4 Lancaster, MA 01523 O 978-365-3326 Ext. 1310 F 978-368-4009

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#### ddennis@lancasterma.net

The contents of this email and any attachments are the property of the Town of Lancaster Massachusetts and subject to the Public Records Law, M.G.L. c. 66, section 10. When writing or responding, please remember that the Massachusetts Secretary of State's Office has determined that email is a public record and not confidential.

From: Sent: To: Subject: Attachments: Debra Dennis Wednesday, April 27, 2022 1:04 PM Kathi Rocco FW: BOA Term Expiration June 30, 2022 - Confirmation needed to stay on the Board image001.gif

Confirmation from Dennis Hubbard as to wanted to stay on the Board of Appeals.

Debra Dennis, Office Manager Community Development and Planning 701 Main Street, Suite 4 Lancaster, MA 01523 O 978-365-3326 Ext. 1310 F 978-368-4009

ddennis@lancasterma.net

From: Dennis Hubbard <dhubbard.tol@gmail.com>
Sent: Wednesday, April 27, 2022 12:23 PM
To: Debra Dennis <DDennis@lancasterma.net>
Subject: Re: BOA Term Expiration June 30, 2022 - Confirmation needed to stay on the Board

Deb,

Thanks for reaching out. My intent would be to continue on the board for another term. Thanks

On Wed, Apr 27, 2022 at 11:38 AM Debra Dennis <<u>DDennis@lancasterma.net</u>> wrote:

Frank and Dennis

Your term ends at the end of June 2022, and I need to know if you want to stay on the Board of Appeals. If so I will contact the Kathi Rocco in the Select Boards office and let her know.

From:	Heather <hlennon@earthlink.net></hlennon@earthlink.net>
Sent:	Friday, May 27, 2022 7:38 PM
То:	Jason A. Allison; Alix Turner; Steve Kerrigan
Cc:	Kathi Rocco
Subject:	ADDING AN ASSOCIATE MEMBER TO THE LHC

Dear Select Board (SB) Members,

On behalf of the Lancaster Historical Commission (LHC), I am writing to let you know that we are unanimously in favor having Martha Moore join us as an associate member per a vote taken at our monthly meeting on 5-25-22.

Thank you for your thoughtful consideration and we look forward to having her join us with your approval.

Best regards,

Heather Lennon, LHC Chairperson

Martha Moore 131 Center Bridge Rd. Lancaster, MA 01523

May 9, 2022

Jason Allison, Chair Select Board 701 Main St. Lancaster, MA 01523

Dear Mr. Allison,

I am interested in becoming an Associate Member of the Lancaster Historical Commission. I am a life-long resident of Lancaster. I also have had a life – long interest in history (planted by my fourth grade teacher, Herbert Hosmer). I am currently a volunteer at the commission, working on the Herbert Hosmer Collection. I also volunteer at the Recycling Center. My other credentials include:

- Founder and Chair of The Bulfinch Fund, a nonprofit which is focused on the restoration and preservation of The Bulfinch Church (also known as the First Church, Lancaster)
- Director of the Lunenburg Public Library until I retired in 2018
- Founder of the Grant Resource Network of Massachusetts
- Archivist, Appalachian Mountain Club
- Librarian, archivist for the MacDowell Colony in NH
- Digital Equipment Corporation, Librarian & Business Analyst
- Founded the Digital Equipment Archives

I would enjoy being able to use my experience and skills to assist the Historical Commission in its very important work in preserving the history of this storied town.

Please let me know if you have any questions.

Martha Mone

Martha Moore <u>martha.moore1@comcast.net</u> 978-860-6725

cc Heather Lennon, Jay Moody, Alexandra Turner, Kate Hodges

From: Sent: To: Cc: Subject:

Jason A. Allison Friday, March 25, 2022 8:47 PM Jeff Nutting; Kathi Rocco Justin Smith Fwd: Nashua River Wild & Scenic River Stewardship Council

Hi Justin,

Thank you for the offer. I have forwarded your offer to our Town Administrator.

Thank you, Jason

Begin forwarded message:

From: "Smith, Justin" <Justin\_Smith@atriushealth.org> Date: March 25, 2022 at 3:06:33 PM EDT To: Jay Moody <JMoody@lancasterma.net>, "Jason A. Allison" <JAllison@lancasterma.net>, turnerselect@gmail.com Subject: Nashua River Wild & Scenic River Stewardship Council

Dear Select Board Chair and Select Board Members,

I am writing to express my interest in being the representative for the Town of Lancaster to the Nashua River Wild & Scenic River Stewardship Council. As a resident of Lancaster and an enthusiast for the streams, rivers, lakes and seashore of Massachusetts I am eager to be involved in the stewardship of the Nashua River and surrounding areas that are such a wonderful resource in our town.

Having worked as an outdoor educator, kayaking instructor, diving safety officer and having a M.A. in Aquatic Biology I feel I am well suited for this role. I look forward to representing the Town of Lancaster in this capacity. Thank you for your consideration.

Regards,

Justin Smith

4 Tuner Ln

Lancaster, MA

01523

(978) 290-1919

Justin Smith, OD, FAAO | Optometrist

Harvard Vanguard Medical Associates, an Affiliate of Atrius Health

Department of Visual Services | 330 Baker Street | Concord, MA 01742

P 978.287.9494 | F 978.287.9404 | www.harvardvanguard.org

Email: Justin Smith@atriushealth.org

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# IX. LICENSES AND PERMITS

#### TOWN OF LANCASTER APPLICATION FOR USE OF TOWN GREEN/GAZEBO

(Submit to: Executive Assistant, Town of Lancaster, 701 Main Street, Suite 1, Lancaster, MA 01523)

To the Licensing Authorities:

5/31/22

The undersigned hereby applies for a License/Permit in accordance with the provisions of the Statutes of the Commonwealth of Massachusetts and/or Bylaws of the Town of Lancaster relating thereto:

(5)	w chappe alite alite of the the
Date of Activity:	Wed 6/29/22, 7/6/22, 7/13/22, 7/20/22, 7/27/22, 8/3/22
Time:	Start: <u>5pm Set up - 6:30mEnd</u> : 8:30 pm
Name & Address:	Friends of Thayer Memorial Library
Telephone:	717 main St Lancaster MA 01523
Emergency Contact & Phone:	Susan Munyon 978-764-0520
Business Name (If applicable):	Friends of Thayer Memorial Library
Address:	<u></u>
Telephone:	
Number of People Attending:	25-100 attendees
18-	
Provisions for Parking:	Library, town hall parking lots or street parking
Partial or full road closure?	AD TOUR MIT PATPING 1010 OF STREET FOR MIT
Structures?	- NO
Tents with sides?	No
Cooking?	No
Food/Refreshments?	Friends of Seniors Grilling
Porta Potty?	No - Library restrooms
Portable Sink Unit?	AD /
Email address:	Friendsof TML @ amail. com / Susan munyon@)
Clearly explain the purpose for requ	Friendsof TML @ qmail. Com / Susan munyon@ lesting the use of the Town Green/Gazebo: ComCast. net
	a concert series of hands as free.
	the second se
entertainment to	or the local community to gather
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#### A Refundable Deposit of \$100 is required of anyone requesting the use of the Gazebo/Town Common.

Wedding Fees	
Residents:	No Charge for Weddings, Rehearsals or Photographs
Non-Residents:	Weddings - \$50
	Rehearsals - \$25
	Photographs - \$25

I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth and the Town of Lancaster relating to the filing and payment of taxes,

<u>Signature of Individual or Corporate Officer</u> <u>Fnends of Thayev</u> Memorial Library Company Name or Individual Name

<u>DDDG85218</u> Social Security Number or Federal Identification Number\*

\* Your Identifying Number will be furnished to the Massachusetts Department of Revenue to determine whether or not you have any tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Chapter 62C, Section 49A, of the Massachusetts General Laws and the Bylaws of the Town of Lancaster.

# ~~Office Use Only~~

Department	Approval Signature	Date
Board of Health		
Fire Department		
Police Department		
Building Department		
Board of Selectmen		

Certificate of Insurance Received:	Date:
Deposit Received:	Date:
Additional Fees Received:	Date:

...

# Friends of Thayer Memorial Library Music on the Green 2022

Date Performer	Style	Payment	eMail	Phone	YouTube Video
29-Jun Bill & Sammy McQuaid 6-Jul Jim Atkinson Band	Rock, Folk, Covers - Father and Son Band Rock Band - Covers	\$350.00 \$350.00	billmcguaid61@gmail.com atkinsonje2007@comcast.net	617 448 2041 978-733-1576	Concert at Sally o' Brien's - YouTube The Jim Atkinson Band - YouTube DECATUR CREEK "Time is King" at
13-Jul Decatur Creek 20-Jul Outageous Fortune	Folk Band Jug Band		jackhcarlton@comcast.net chris@outrageousfortune.org	603-316-8024 <b>978-563-9584</b>	the Anonymous Coffeehouse in Lebanon, New Hampshire - Feb 14, 2020 - YouTube I Got Mine - Outrageous Fortune - YouTube
27-Jul TJ Wheeler and Friends -Aug Cold Chocolate	Classic Standards - American Songbook Country/Folk/Rock	\$350.00 \$750.00	raochsenbein@gmail.com ethan.robbins@gmail.com	(617) 515-2831 (301) 213-5851	This is (one of) Roland Ocenbien's bands. They played on the common a couple of years ago and were grea <u>Cold Chocolate - Gone - YouTube</u>



# The Bolton Fair, Inc.

May 15, 2022

Selectman - Town of Lancaster

On behalf of the Board of Directors of The Lancaster Fairgrounds, we give permission for the Nashoba Rock & Brew to serve alcohol at their events at the fairgrounds.

Date of the Event is June 25, 2022

The Event Manager Rose Darden for the fairgrounds has been CORI checked.

Tips certified licenses to be provided.

Liability Insurance to follow.

Please let me know if you have any questions.

Best Regards,

Rose Darden 508-294-8516 cell

Lancaster Fairgrounds Event Manager

Annual License Fee - \$100.00 Single Event Fee - \$25.00



TOWN OF LANCASTER, MASSACHUSETTS BOARD OF SELECTMEN Town Hall, 695 Main Street, Suite 1 Lancaster, MA 01523 Tel: 978-365-3326 (ext 1201) Fax: 978-368-8486 Email:krocco@lancasterma.net

Selep Dat	e Received
MAY	\$ 2022

**Board of Selectmen** 

## APPLICATION FOR LICENSE THEATRICAL EXHIBITIONS, PUBLIC SHOWS, PUBLIC AMUSEMENTS AND EXHIBITIONS OF EVERY DESCRIPTION HELD ON WEEKDAYS

New Application <u>X</u> Renewal \_\_\_\_\_

Name of Concern: NASHOBA ROCK + BREW AT LANPASTER FAIRGROUNDS
Seven BRIDGE (71 INUTE TALL IN )
Mailing Address (if different): P.D. Box 154 BOLTON
Contact Person & Title (Owner, Director, Manager, Other): DAVID CARR   ROSE DAROEN
Telephone: 508-294-8516 Facsimile: E-Mail: INFO@ BOLTON FAIR.ORG
Describe in detail the proposed dancing, game, sport, fair, exposition, play, or entertainment of public diversion:
THIS IS A FUNDRAISER FOR THE DAGA A
THIS IS A FUNDRAISER FOR THE CARR FOUNDATION HERE IN LANGASTER MA
THERE WILL BE FOOR + BEER TRUCKS AND MUSIC - 4 MITED TICKETS SOLD
Hours of Proposed Entertainment: Starting Time: <u>み:の</u> P.M. Ending Time: <u>6:00</u> P.M.

The applicant certifies that all state tax returns have been filed and all state and local taxes have been paid as required by law and further agrees to comply with the terms of the License and applicable law, and all rules and regulations promulgated thereto. The Applicant further certifies that the information contained in this application is true and accurate and also authorizes the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Signature of Applicant	5/17/22	
SSN# or Tax ID Required: 84-4639481	Date	

License Fee must be submitted with this form. Make check payable to *Town of Lancaster*. Mail Application Form, Workers' Compensation Affidavit, and check to: *Board of Selectmen, Suite 1, 695 Main Street, Lancaster, MA 01523*.

\* Dancing applies to watching dance (e.g. Ballet).

\*\* Public Diversion includes, but is not limited to, flea markets, coin-operated amusements, ice and roller-skating, carousels, inclined railways, Ferris wheels, and exhibitions of firefighting.

A License issued under this Application applies to <u>weekday operation ONLY</u>. If entertainment is to be operated on Sundays, you also must file with the Board of Selectmen an APPLICATION FOR LICENSE FOR DANCING, SPORTS, GAMES, FAIRS, EXPOSITIONS, PLAYS OR ENTERTAINMENT OF PUBLIC DIVERSION ON SUNDAY, as well as an Application for a State License to the Commissioner of Public Safety, Attn: Special Licensing Division, One Ashburton Place, Boston, MA 02108-1618.

NOTICE: The filing of this application confers no rights on the part of the Applicant to undertake any activities until the license has been granted. The issuance of a license under this section or sections is subject to the Applicant's compliance with all other applicable Federal, State or local statutes, ordinances, bylaws, rules or regulations. The Licensing Authority reserves the right to request any additional information it reasonably deems appropriate for the purpose of determining the terms and conditions of the License and its decision to issue a License. The provisions of G.L. c.152 may require the filing of a Workers' Compensation Insurance Affidavit with this application. Failure to file the Affidavit, along with any other required information and/or documentation, shall be sufficient cause for the denial of the License application.

Weekday Entertainment License Application Form. Rev 2015



TOWN OF LANCASTER, MASSACHUSETTS Office of the BOARD OF SELECTMEN

# SPECIAL (ONE DAY) LIQUOR LICENSE APPLICATION

TODAY'S DATE:	5/15/22
APPLICANT'S NAM	IE: ROSE DARDEN TELEPHONE: 508-294-8516
ORGANIZATION:	BOLTON FAIR INC.
EVENT ADDRESS: _	318 SEVEN BRIDGE RD. LANCASTER
EVENT PURPOSE:	NASHOBA ROCK + BREW (CARE FOUNDATION FUNDRAISER)
EVENT DATE:	6/25/22
EVENT HOURS:	2-6 pm
ALCOHOL:	Beer and Wine: All Alcohol*:
ATTENDANCE:	(Non Profit; Charity or Club Only)* Approximate Number of Persons in Attendance:
	Persons Under 21 in Attendance: Yes NoX

If this Special One-Day Liquor License is granted, I hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts concerning the sale and consumption of alcohol, particularly with regard to the minors. <u>No persons under the age of twenty-one (21) shall be served</u> alcoholic beverages.

Koe Nachen for the Balton Laie Anc. Signature of Applicant

111-1-1112

## POLICE DEPARTMENT OFFICIAL USE ONLY

x \_\_\_\_\_ Approval Recommended \_\_\_\_\_\_ Approval <u>Not</u> Recommended

Police Officer Required: Yes x

No

\*\*\*

Comments/Conditions: \_ Police detail required during the event

Date: 06/03/2022

Chief Everett L. Moody Police Chief Signature

701 Main Street, Suite 1, Lancaster, Massachusetts 01523 T: 978-365-3326 F: 978-368-8486 E-Mail: <u>opacheco@lancasterma.net</u> or <u>krocco@lancasterma.net</u>

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		nt#: 182	3974		151D	GYUE						
	ACORD. CER	TIFIC	ATE OF LIABIL	ITY INS	URAN	CE		M/DD/YYYY) 2022				
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	IVELY OI JRANCE AND THE is an AD it to the to	R NEGATIVELY AMEND, EXTE DOES NOT CONSTITUTE A CO CERTIFICATE HOLDER. DITIONAL INSURED, the polic erms and conditions of the po	ND OR ALTER DNTRACT BETV y(ies) must have	THE COVERA VEEN THE IS: ADDITIONA	AGE AFFORDED BY THE SUING INSURER(S), AUT	POLDER POLIC THORIZ	THIS CIES CED				
	this certificate does not confer any ri	ghts to th	ne certificate holder in lieu of s	such endorseme	ent(s).							
1	CGriff Insurance Services					, CISR, CLCS						
1	North Centre St., Suite 200		(A	PHONE (A/C, No, Ext):         FAX (A/C, No):         FAX (A/C, No):           E-MAIL ADDRESS:         amy.miller@mcgriff.com								
P	ottsville, PA 17901		Ā									
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	Pottsville, PA 17901		IN	SURER D :								
			IN	SURER E :								
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	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00					
		-				MED EXP (Any one person)	\$10,00					
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000 \$2,000					
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В	X UMBRELLA LIAB X OCCUR		ZUP21P2336722NF	03/01/2022	03/01/2023	EACH OCCURRENCE	\$20,00	0,000				
	EXCESS LIAB CLAIMS-MADE			AGGREGATE				\$20,000,000				
A	WORKERS COMPENSATION		WC024426201	02/04/2022	02/04/2022		\$					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		WC024420201	03/01/2022	F		.1 000	000				
	(Mandatory in NH)	N/A			r	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	<u>\$1,000</u> •1.000					
	If yes, describe under DESCRIPTION OF OPERATIONS below				1		<u>\$1,000</u> \$1,000	······				
								,000				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedule. m	av be attached if mo	re space is requir	red)		·····				
Cer agr	tificate Holder is listed as Additic eement) relative to the above cap day,June 25, 2022 - Nashoba Ro	onal Insu tioned i	red for General Liability C nsured's participation in th	overage (as p	er written							
	uay,sune 23, 2022 - Nashuba Ku		wiest.									
CER	TIFICATE HOLDER		CA	NCELLATION								
	The Bolten Fair Inc. 318 7 Bridge Road Lancaster, MA 01523		A	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
			AUT	AUTHORIZED REPRESENTATIVE								
			A	myDni								
				© 1	988-2015 ACC	ORD CORPORATION. AI	l rights	reserved.				

Client#: 1823974

ACORD 25 (2016/03) 1 of 1 #S30042156/M29514448 The ACORD name and logo are registered marks of ACORD

ADMI

	Client#: 1823974 151DGYUE													
ACORD. CERTIFICATE OF LIAB												DATE (MM/DD/YYYY) 5/18/2022		
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.													
	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).											ndorsed. ent on		
	DUC		<u>~</u>			-	CONTACT Amy D. Miller, CIC, CISR, CLCS							
1		ff Insurance Servic					PHONE (A/C, No	o, Ext): 570-62	22-7773	FAX (A/C, No	888-7	39-0383		
1		h Centre St., Suite	200				E-MAIL ADDRESS: amy.miller@mcgriff.com							
20	ttsv	rille, PA 17901				_		NAIC #						
							INSURER A : Zurich American Insurance Company							
INS	JRED	D G Yuengling	a & Son. Inc.							sualty Co of Amer		25674		
		310 Mill Creek							merican Insu	rance Company of IL		27855		
		Pottsville, PA	17901			F	INSURE							
						F	INSURE							
co	VER	AGES	CER	TIFIC	ATE	NUMBER:		<u>XI</u> .		REVISION NUMBER:		I		
IN C E	IDIC/ ERTI XCLU	ATED. NOTWITHSTANI IFICATE MAY BE ISSU JSIONS AND CONDITIO	DING ANY RE IED OR MAY F ONS OF SUCH	QUIR PERT#	EMEN NN, 1	RANCE LISTED BELOW HAV T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE	ANY BY TI	CONTRACT OI HE POLICIES N REDUCED I	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WH	ICH THIS		
	1	TYPE OF INSURA		INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIM	1			
Α	X			x		GLO024426301		03/01/2022	03/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00			
		CLAIMS-MADE	OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,00 \$10,0			
										PERSONAL & ADV INJURY	\$1,00			
	GEN	N'L AGGREGATE LIMIT APP	LIES PER:							GENERAL AGGREGATE	\$2,00			
		PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$2,00			
		OTHER:									\$	-		
С	AUT	OMOBILE LIABILITY				BAP024426400	03	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,00	0,000		
	X									BODILY INJURY (Per person)	\$			
		AUTOS ONLY AI	CHEDULED UTOS ON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE				
	X		UTOS ONLY							(Per accident)	\$ \$			
В		Drive Oth Car UMBRELLA LIAB X				ZUP21P2336722NF		00/04/0000	00/04/0000					
0	-		OCCUR CLAIMS-MADE			ZUP21P2330/22NF	21P2336722NF		03/01/2023	EACH OCCURRENCE		00,000		
										AGGREGATE	\$20,00	10,000		
A		RKERS COMPENSATION				WC024426201		03/01/2022	03/01/2023	X PER OTH	OTH-			
	ANY	PROPRIETOR/PARTNER/E	XECUTIVE Y/N						00/01/2020	L. EACH ACCIDENT \$1,000		0,000		
	(Mar	CER/MEMBER EXCLUDED? Idatory in NH)	? <b>N</b>	N/A						E.L. DISEASE - EA EMPLOYEE \$1,000				
	If yes DES	s, describe under CRIPTION OF OPERATIONS	S below							E.L. DISEASE - POLICY LIMIT \$1,00		0,000		
DESC	RIPT	ION OF OPERATIONS / LOC	CATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule	e, may b	e attached if mo	re space is requi	red)				
Certificate Holder is listed as Additional Insured for General Liability Coverage (as per written agreement) relative to the above captioned insured's participation in the following upcoming event: Sunday, June 25, 2022 - Nashoba Rock N Brewfest.														
CERTIFICATE HOLDER CANCI							ELLATION							
The Town of Lancaster MA 701 Main Street Lancaster, MA 01523							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
		·				A	AUTHORIZED REPRESENTATIVE							
								Angomiller						

ACORD 25 (2016/03) 1	of 1	The ACORD name and logo are registered marks of ACORD
#S30042157/M295144	48	

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	ACORD. CERT		Ci	ATE OF LIAB	ILITY INS	URAN	CE		MM/DD/YYYY)			
Γ									/2022			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER												
	SI Insurance Services LLC				PHONE (A/C, No, Ext): 855 8	74-0123	FAX (A/C, No	): 781-3	376-5035			
	2 Gill Street Suite 5500 /oburn, MA 01801				E-MAIL ADDRESS: matt.ro							
	55 874-0123				INSURER A : The Cin		NAIC #					
INS	SURED				INSURER B :							
	Wachusett Brewing Comp 175 State Road East	any i	inc.	ſ	INSURER C :							
	Westminster, MA 01473				INSURER D :							
	Westimister, MA 01410				INSURER E :							
Ļ					INSURER F :	Mitalia balance a management a managementa	man na katala katal	and and a second se				
and the second				ENUMBER:			REVISION NUMBER:					
	THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTAI I POLIO	EMEN JIN, T ICIES	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED 3. LIMITS SHOWN MAY HAVI	F ANY CONTRACT O D BY THE POLICIES /E BEEN REDUCED	DR OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT	TO WH	ICH THIS			
INS LTF	R TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS				
A	X COMMERCIAL GENERAL LIABILITY		I	ETD0592815			EACH OCCURRENCE	\$1,00	0,000			
	CLAIMS-MADE X OCCUR		1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00	0,000			
							MED EXP (Any one person)	\$5,00				
	X         OCP           GEN'L AGGREGATE LIMIT APPLIES PER:		1				PERSONAL & ADV INJURY	\$1,00				
	PRO-		I				GENERAL AGGREGATE	\$2,00				
	POLICY JECT LOC     OTHER:		1				PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>				
A	AUTOMOBILE LIABILITY	r=+		EBA0592819	10/15/2021	10/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ \$1,000	0.000			
	ANY AUTO	.	-	LD/10032010	10/10/2021	10/10/2022	(Ea accident) BODILY INJURY (Per person)	\$ 1,000	J,000			
	OWNED SCHEDULED		ļ				BODILY INJURY (Per accident)					
	AUTOS ONLY X AUTOS HIRED AUTOS ONLY X AUTOS NON-OWNED AUTOS ONLY X AUTOS ONLY		1				PROPERTY DAMAGE (Per accident)	\$	<u></u>			
	Xcoll \$1,000 X Comp \$1,000						(Fer accidenty	\$				
Α	X UMBRELLA LIAB X OCCUR			ETD0592815	10/15/2021	10/15/2022	EACH OCCURRENCE	\$10,00	00,000			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,00	00,000			
	DED RETENTION \$							\$				
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANN PROPRIETOR FARTHER FOR THE Y / N			EWC0592820	10/15/2021	10/15/2022	X PER OTH-	1				
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$500,0				
	(Mandatory in NH)					-	E.L. DISEASE - EA EMPLOYEE					
A	DÉSCRIPTION OF OPERATIONS below			ETD0592815	40/45/0004	10/45/0000	E.L. DISEASE - POLICY LIMIT	\$500,0	000			
							\$1,000,000					
RE	cription of operations / locations / vehicl : 1st Annual Nashoba Rock N Brev ad, Lancaster, MA 01523.	.es (ac <b>vfest</b>	:ORD : ON	101, Additional Remarks Schedule Saturday, June 25th, 2	e, may be attached if mo 022 at Lancaster	re space is requi	<sup>red)</sup> ds 318 7 Bridge					
	e General Liability policy includes	an ar	utor	matic Additional Insure	d endorsement t	hat nrovide	e Additional					
Ins	ured status to the Certificate Hold	er on	ıly v	when there is a written (	contract that req	uires such	status.					
anc	fonly with regard to work perform	ed by	y or	on behalf of the name	d insured.		,					
CEF	RTIFICATE HOLDER	1000-000 and constraint		0077 Augustantinistrational and a state of the provided and a state of the provided and the provided and the provided of the provided and the provided of the provided and the p	CANCELLATION		#8994/00/00/00/00/00/00/00/00/00/00/00/00/00		Mitti Mitti Mitti and a san an a			
		****		<u> </u>	JANUELLATION	1400001.110001.110001.110001.11000.11000.11000.11000.11000.11000.11000.11000.11000.11000.11000.11000.11000.110		Maadaliineen meessa aa				
	The Bolton Fair Inc. 318 7 Bridge Road Lancaster, MA 01523				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
				A	AUTHORIZED REPRESENTATIVE							
					Toda							

Client#: 1431804

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WACHUBRE

GACZP

	Client#: 1431804 WACHUBRE											
	ACORD. CERT	TIF	IC.	ATE OF LIAE	31LI7	Y INS	URAN	CE		M/DD/YYYY) 2022		
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).											
	DDUCER				CONTACT Matt Roberts							
	8 Insurance Services LLC Gill Street Suite 5500				PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 781-376-5035							
	oburn. MA 01801				ADDRESS: matt.roberts@usi.com							
Ł	5 874-0123				INSURER(S) AFFORDING COVERAGE INSURER A : The Cincinnati Insurance Company 106							
INS	URED						cinnati insura	nce company		10677		
	Wachusett Brewing Com	pany	Inc.		INSURE							
	175 State Road East				INSURE		······					
	Westminster, MA 01473				INSURE							
					INSURE							
-	A CONTRACTOR OF			E NUMBER:				REVISION NUMBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCK	equir Pert. 1 Pol	iemen Ain, Licies	NT, TERM OR CONDITION C THE INSURANCE AFFORDE S. LIMITS SHOWN MAY HA	DF ANY ED BY T	CONTRACT O HE POLICIES N REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WH	CH THIS		
INSR LTR		ADD	SUBI WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
А				ETD0592815		10/15/2021	10/15/2022	EACH OCCURRENCE	\$1,000	0,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	0,000		
								MED EXP (Any one person)	\$5,000			
	X         OCP           GEN'L AGGREGATE LIMIT APPLIES PER;							PERSONAL & ADV INJURY	\$1,000			
	PRO-							GENERAL AGGREGATE	\$2,000			
	A POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ <b>2,00</b> (	,000		
A			-	EBA0592819		10/15/2021	10/15/2022	COMBINED SINGLE LIMIT (Ea accident)	0,000			
	ANY AUTO			LDA0332013		10/10/2021	10/10/2022	(Ea accident) BODILY INJURY (Per person)	\$1,000	,000		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	X Coll \$1,000 X Comp \$1,000								\$			
A	X UMBRELLA LIAB X OCCUR			ETD0592815	10/15/2021	10/15/2022	EACH OCCURRENCE	\$10,00	0,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$10,00	0,000		
	DED RETENTION \$	ļ							\$			
A	AND EMPLOYERS' LIABILITY			EWC0592820	ľ	10/15/2021	10/15/2022					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$500,0			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
A	DESCRIPTION OF OPERATIONS below			ETD0592815		10/15/2021	10/15/2022	E.L. DISEASE - POLICY LIMIT \$1,000,000	\$500,0	00		
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORI	0 101, Additional Remarks Sched	ule, may b	e attached if mo	re space is requi	red)				
	1st Annual Nashoba Rock N Bre d, Lancaster, MA 01523.	wres	st on	i Saturday, June 25th,	2022 a	t Lancastei	r Fairground	ds 318 / Bridge				
	General Liability policy include	san	auto	matic Additional Incu	red en	forcement	that provid	ee Additional				
	ured status to the Certificate Hold											
and	only with regard to work perform	ned I	by o	r on behalf of the name	ed insi	ured.						
	TIFICATE HOLDER				CANO				****			
<u>, - Li</u>	THINALL HULDER				CANCELLATION							
The Town of Lancaster MA						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
701 Main Street						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Second Floor				ACCORDANCE WITH THE PULICY PROVISIONS.							
Lancaster, MA 01523						AUTHORIZED REPRESENTATIVE						

Tool 1

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DATE (MM/DD/YYYY)

-										5/23/2022		
	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSU	/ELY RANC	or Ne Ce do	EGATIVELY AMEND, EXTE ES NOT CONSTITUTE A C	ND OR	ALTER THE	COVERAGE	AFFORDED BY THE POL	ICIES	6		
	REPRESENTATIVE OR PRODUCER, A											
	MPORTANT: If the certificate holder i f SUBROGATION IS WAIVED, subject	s an A	DDIT	IONAL INSURED, the polic	cy(ies)	must have Al	DDITIONAL I	NSURED provisions or b	e endor	sed.		
	f SUBROGATION IS WAIVED, subject his certificate does not confer rights	to the	certif	s and conditions of the po licate holder in lieu of such	b endo	ertain policies	s may require	e an endorsement. A sta	tement	on		
	DDUCER	.0 110	ourth	icate noiser in neu of suc	CONTA		Cote					
GH	IM Agency				NAME: PHONE		73-5101	FAX	(207)			
	Main Street				E-MAIL	<u>o, Ext):</u>		FAX (A/C, No):	(207)	873-5784		
	) Box 649				ADDRE	ss: conlegni	nagency.com			· · · · · · · · · · · · · · · · · · ·		
	aterville			ME 04903-0649		Ohio Co	SURER(S) AFFO			NAIC #		
	URED			NL 04903-0049	INSURE	A	sualty Insurance			24082		
1	Doc Brown Enterprises, Inc D.	R A F		wole Reall	INSURE	24074						
	6231 Pga Blvd Ste 104-403	D.A. L		with 3 INCOM	INSURER C :							
					INSURER D :							
	Palm Beach Gardens			FL 33418	INSURE							
					INSURE	RF:						
-				NUMBER:				REVISION NUMBER:				
Ir C E	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PER' XCLUSIONS AND CONDITIONS OF SUCH P	IIREMI TAIN, T OLICIE	ENT, TI THE INS ES. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA	ACT OR OTHEF ES DESCRIBEI ED BY PAID CL	R DOCUMENT ' D HEREIN IS S LAIMS.	WITH RESPECT TO WHICH 1	HIS			
INSR LTR	TYPE OF INSURANCE		-SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
	CLAIMS-MADE CCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 300,	0,000 000		
		.]						MED EXP (Any one person)	s 15,0	00		
А		Y		BKS57945528		04/24/2022	04/24/2023	PERSONAL & ADV INJURY	s 1,00	0,000		
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	D,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	s 2,00	0,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000		
	ANY AUTO							BODILY INJURY (Per person)	\$			
А	OWNED SCHEDULED AUTOS ONLY AUTOS			BAS57945528		04/24/2022	04/24/2023	BODILY INJURY (Per accident)	\$	· · · · · · · · · · · · · · · · · · ·		
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								()	\$			
	VIMBRELLA LIAB X OCCUR	1						EACH OCCURRENCE	s 1,000	0,000		
В	EXCESS LIAB CLAIMS-MADE			USO57945528		04/24/2022	04/24/2023	AGGREGATE	s 1,000	0,000		
	DED X RETENTION \$ 10,000	1							s			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1						PER OTH- STATUTE ER	•			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s			
	Liquor Liability							Each Occurrence	1,000	0,000		
A				BKS57945528		04/24/2022	04/24/2023	Aggregate	2,000	0.000		
									_,			
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI eral Liability: Blanket Additional Insured Sta							ndorsement.				
										[		
CER	TIFICATE HOLDER				CANCE	LLATION						
	The Town of Lancaster 449 Main St				THE E ACCO		ATE THEREOF, I THE POLICY	CRIBED POLICIES BE CAN NOTICE WILL BE DELIVERI PROVISIONS.		BEFORE		
	Lancaster			MA 01523			Coursen	Cult				
						<u></u>		CORD CORPORATION.	All riab	ts reserved		



DATE (MM/DD/YYYY) 05/23/2022

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								00	12312022		
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR/ REPRESENTATIVE OR PRODUCER, ANI	LY O ANCE	R NE	GATIVELY AMEND, EXTER	ND OR	ALTER THE	COVERAGE	AFFORDED BY THE POL	CIES	5		
IMPORTANT: If the certificate holder is a If SUBROGATION IS WAIVED, subject to	an Al	DDITI	ONAL INSURED, the polic	cy(ies) r	nust have AE		SURED provisions or be	endor	sed.		
this certificate does not confer rights to	the d	certifi	icate holder in lieu of such	h endor	sement(s).	inay lequile	an endorsement. A stat	entent	511		
PRODUCER				CONTA		Cote					
GHM Agency				NAME: PHONE	(207) 8	73-5101	FAX (A/C, No):	(207) 8	373-5784		
51 Main Street				(A/C, No E-MAIL	<u>, EXI):</u>	agency.com	(A/C, No):	(201)(			
PO Box 649				ADDRE	33			·····			
Waterville			ME 04903-0649		Ohia Ca		RDING COVERAGE		NAIC #		
INSURED			WIE 04903-0049	INSURE		curity Insuranc			24082		
			De all	INSURE	RB: Unio Ca	sualty insurance	e Company		24074		
Doc Brown Enterprises, Inc D.B.	A. DC	C BIO	wh's Reall	INSURER C :							
6231 Pga Blvd Ste 104-403				INSURER D :							
				INSURER E :							
Palm Beach Gardens			FL 33418	INSURE	RF:						
			NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF II INDICATED. NOTWITHSTANDING ANY REQUIF CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POL	REME	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	NOCUMENT \ DHEREIN IS S LAIMS.	WITH RESPECT TO WHICH T	HIS			
	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<sub>\$</sub> 1,00	0,000		
CLAIMS-MADE CCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 300,	000		
							MED EXP (Any one person)	\$ 15,0	00		
A	Y		BKS57945528		04/24/2022	04/24/2023	PERSONAL & ADV INJURY	\$ 1,00	0,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		0,000		
							PRODUCTS - COMP/OP AGG	2.00	0,000		
							PRODUCTS - COMPIOP AGG	\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00	0.000		
							(Ea accident)	\$ 1,00			
A OWNED SCHEDULED			RASE704EE20		04/04/0000	04/04/0000	BODILY INJURY (Per person)				
AUTOS ONLY AUTOS			BAS57945528		04/24/2022	04/24/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	·····		
								\$			
							EACH OCCURRENCE	Ψ	0,000		
B EXCESS LIAB CLAIMS-MADE			USO57945528	1	04/24/2022	04/24/2023	AGGREGATE	\$ 1,00	0,000		
DED RETENTION \$ 10,000								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1						PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					İ	E.L. EACH ACCIDENT	\$			
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
							Each Occurrence		0,000		
A Liquor Liability			BKS57945528		04/24/2022	04/24/2023	Aggregate	2,00	0,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES General Liability: Blanket Additional Insured Statu							ndorsement.				
CERTIFICATE HOLDER				CANCI	ELLATION			- Marcalan			
			I	JANO							
The Bolton Fair Inc 318 7 Bridge Rd			-	THE I ACCO	EXPIRATION D	ATE THEREOF H THE POLICY	SCRIBED POLICIES BE CAN NOTICE WILL BE DELIVER PROVISIONS.		BEFORE		
			MA 01500			P	A D				
Lancaster			MA 01523			Coursen	- Cup				
• · · · · · · · · · · · · · · · · · · ·					(	0 1988-2015	ACORD CORPORATION.	All rial	nts reserved.		



DATE (MM/DD/YYYY) 05/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject	s an A to the	DDIT term	IONAL INSURED, the polic s and conditions of the po	olicy, certain po	licies n	DITIONAL II nay require	NSURED provisions o an endorsement. A	r be endor statement	rsed. on		
this certificate does not confer rights t	o the	certi	ficate holder in lieu of such								
GHM Agency				NAME: CON	anna C						
51 Main Street				(A/C, No, Ext): (*	07) 873		FAX (A/C,	<sub>No):</sub> (207)	873-5784		
PO Box 649				E-MAIL ADDRESS: COTI	@gnma	gency.com					
Waterville			ME 04903-0649	INSURER(S) AFFORDING COVERAGE							
INSURED		ME 04300-0043	INSORER A.	31003							
TIMBER YARD BREWING CO			INSURER B :	25844 31325							
PO BOX 149				INSURER C : Acadia Insurance Co							
EAST BROOKFIELD			MA 01515-1705	INSURER E :							
COVERAGES CER	RTIFIC	CATE	NUMBER:	MOORENT .			<b>REVISION NUMBER:</b>				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/Y	EFF F YYY) (N	POLICY EXP MM/DD/YYYY)	L	IMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 300,	0,000 000		
							MED EXP (Any one person)	s 10,0	00		
A	Y		ADV5367513-13	06/19/2	D22 C	06/19/2023	PERSONAL & ADV INJURY	s 1,00	0,000		
GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	<sub>G</sub> <sub>\$</sub> 2,00	0,000		
OTHER:	<u> </u>							\$			
							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000		
B OWNED SCHEDULED			NA A 5040404 44	22/12/2			BODILY INJURY (Per person				
AUTOS ONLY HIRED AUTOS NON-OWNED			MAA5310181-14	06/19/20	022 0	6/19/2023	BODILY INJURY (Per accider PROPERTY DAMAGE				
AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
UMBRELLA LIAB							Medical payments	\$ 5,00	0		
							EACH OCCURRENCE	\$			
DED RETENTION \$	-						AGGREGATE	\$			
WORKERS COMPENSATION	<b>†</b>						X PER OTH STATUTE ER	\$  -			
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE								\$ 500,0	000		
OFFICER/MEMBER EXCLUDED?	N/A		WCA5367533-13	06/19/20	22 0	6/19/2023	E.L. EACH ACCIDENT	F00.0			
If yes, describe under DESCRIPTION OF OPERATIONS below						-	E.L. DISEASE - EA EMPLOY	500 (			
Liquor Liability							E.L. DISEASE - POLICY LIMI Each Occurrence	· · ·	0,000		
			ADV5367513-13	06/19/20	22 0	6/19/2023	Aggregate		0,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General Liability: Blanket Additional Insured Status with signed contract or agreement for ongoing operations via broadening endorsement.											
CERTIFICATE HOLDER				CANCELLATIO	N						
				VELLANU							
The Town of Lancaster 449 Main St			7		WITH T	E THEREOF, THE POLICY	SCRIBED POLICIES BE C NOTICE WILL BE DELIV PROVISIONS.		BEFORE		
Lancaster			MA 01523			Coursen	Coff				
			· · · · · ·		© 1	988-2015 A	CORD CORPORATIO	N. All righ	ts reserved.		



DATE (MM/DD/YYYY) 05/19/2022

INSURED INSURER B : Union Insurance Co 2584								19/2022		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).         PRODUCER       CONTRACT       Corianna Cote         GHM Agency       Main Street       PHONE       (207) 873-5701         51 Main Street       PADNE       (207) 873-57101       [FAX, No]: (207) 873-5784         PO Box 649       ME 04903-0649       INSURER A: Tri-State Insurance Co       2564         Waterville       ME 04903-0649       INSURER A: Tri-State Insurance Co       2564         INSURED       INSURER B:       Union Insurance Co       2564         INSURER D:       INSURER B:       Insurance Co       3132         INSURER D:       INSURER C:       INSURER C:       1000         INSURER D:       INSURER C:       INSURER C:       1000         INSURER D:       INSURER C:       INSURER C:       1000         INSURER D:       INSURER C:       1000       1000         INSURER D:       INSURER C:       1000       1000         INSURER D:       INSURER C:       1000       1000         INSURER D:	CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSURA	LY OR N ANCE D	NEGATIVELY AMEND, EXTEI DOES NOT CONSTITUTE A C	ND OR ALTER THE	OVERAGE	AFFORDED BY THE I	POLICIES			
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).         PRODUCER         GHM Agency         51 Main Street         PO Box 649         Waterville         Multimode         Marce         CONTACT         Corianna Cote         PO Box 649         Waterville         Misure D         TIMBER YARD BREWING CO, INC         PO BOX 149         EAST BROOKFIELD         MA 01515-1705         INSURER E:         INSURER E:         REVISION NUMBER:         COVERAGES         CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIEY PERIOD         INSURER F:         COVERAGES         CERTIFICATE MUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIEY PERIOD         INDICATED. NOTWITH STANDING ANY PREQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPECT TO WHICH THIS         CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         NEWR <t< td=""><td>IMPORTANT: If the certificate holder is a</td><td>an ADDI</td><td>ITIONAL INSURED, the polic</td><td></td><td></td><td></td><td></td><td></td></t<>	IMPORTANT: If the certificate holder is a	an ADDI	ITIONAL INSURED, the polic							
PRODUCER       CONTACT       Corianna Cote         GHM Agency       MAME:       CONTACT       Corianna Cote         51 Main Street       PHONE       (207) 873-5101       (AC, No, Ext)       (207) 873-5784         PO Box 649       ME 04903-0649       INSURER (207) 873-5700       INSURER(S) AFFORDING COVERAGE       NAIC         Waterville       ME 04903-0649       INSURER A:       Tri-State Insurance Co of Minnesota       3100         INSURED       TIMBER YARD BREWING CO, INC       INSURER B:       Union Insurance Co       2584         PO BOX 149       INSURER C:       Acadia Insurance Co       3132         INSURER D:       INSURER B:       INSURER C:       INSURER C:         COVERAGES       CERTIFICATE NUMBER:       INSURER F:       INSURER F:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD       INSURER F:       INSURER F:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD       INSURER F:       INSURER C:         CERTIFICATE MAY BE ISSUED ON MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS       INSURER C:       INSURER C:         INSURACE       ISSUED ON MAY PERTAIN, THE INSURANCA FFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJEC	If SUBROGATION IS WAIVED, subject to	the teri	ms and conditions of the po	licy, certain policies	may require	e an endorsement. A	statement o	on		
GHM Agency       NAME:		the cer	tificate holder in lieu of such	CONTACT Corioona	Cote					
51 Main Street       [AC, No. Set]:				NAME: CONATINA PHONE (207) 8		FAX	(207) 8	73-5784		
PO Box 649       ME 04903-0649       INSURER(s) AFFORDING COVERAGE       Naid         Waterville       ME 04903-0649       INSURER A: Tri-State Insurance Co of Minnesota       3100         INSURED       TIMBER YARD BREWING CO, INC       INSURER B: Union Insurance Co       2584         PO BOX 149       INSURER C: Acadia Insurance Co       31132         INSURER C: Acadia Insurance Co       3132         INSURER C: COVERAGES       INSURER C: Acadia Insurance Co         COVERAGES       CERTIFICATE NUMBER:         THI				E-MAIL cosi@ghg		(A/C,	, No): (207) C			
Waterville     ME     04903-0649     INSURER A :     Tri-State Insurance Co of Minnesota     3100       INSURED     TIMBER YARD BREWING CO, INC PO BOX 149     INSURER B :     Union Insurance Co     2584       INSURER D :       INSURER S CERTIFICATE NUMBER:     INSURER F :     INSURER F :     INSURER F :       COVERAGES     CERTIFICATE NUMBER:     INSURER F :     INSURER F :       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       INSR     TYPE OF INSURANCE     ADDLISUBR       INSR     TYPE OF INSURANCE     ADDLISUBR       INSR     COMMERCIAL GENERAL LIABILITY     POLICY NUMBER       INSR     COMMERCIAL GENERAL LIABILITY     POLICY NUMBER       INSR     COUR     POLICY NUMBER				ADDRESS						
INSURED TIMBER YARD BREWING CO, INC PO BOX 149 EAST BROOKFIELD MA 01515-1705 TINSURER D: INSURER D: INSURER D: INSURER E: COVERAGES CERTIFICATE NUMBER: THS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER TYPE OF INSURANCE INSUR TYPE OF INSURANCE ADDLSUBR OCCUR	Waterville		ME 04903-0649	Tal Otata				31003		
TIMBER YARD BREWING CO, INC     INSURER C : Acadia Insurance Co     3132       PO BOX 149     INSURER D :     INSURER D :     INSURER E :     INSURER E :       EAST BROOKFIELD     MA 01515-1705     INSURER F :     INSURER F :     INSURER F :       COVERAGES     CERTIFICATE NUMBER:     REVISION NUMBER:     INSURER F :     INSURER F :       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PRIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       INSR     TYPE OF INSURANCE     INDIS WVD     POLICY NUMBER     POLICY EFF     POLICY EFF       V     COMMERCIAL GENERAL LIABILITY     INSD     WVD     POLICY NUMBER     IMITS       CLAIMS-MADE     OCCUR     OCCUR     ID 000     \$ 300,000	INSURED			Italaa ta	25844					
INSURER D :         INSURER D :         INSURER D :         INSURER E :         INSURER E :         INSURER E :         INSURER F :         COVERAGES       CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD         INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS         CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE       ADDLISUBR       POLICY EFF       POLICY EFF         MINIDARY PER LIABILITY       LIMITS         CALIMS-MADE       QOCUR       POLICY NUMBER       POLICY EFF         CALIMS-MADE       QOCUR       POLICY NUMBER       POLICY EFF         COMMERCIAL GENERAL LIABILITY       LAMAGE TO RENTED       \$ 300,000         DAMAGE TO RENTED       \$ \$ 1,000,000         DAMAGE TO RENT	TIMBER YARD BREWING CO, I	INC		A andia la	31325					
EAST BROOKFIELD       MA 01515-1705       INSURER F :         COVERAGES       CERTIFICATE NUMBER:       REVISION NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE       ADDLISUBR INSD       POLICY NUMBER       POLICY EFF (MM/DD/YYYY)       POLICY EXP (MM/DD/YYYY)       LIMITS         CALAIMS-MADE       COCUR       0 OCCUR       0 OCCUR       \$ 1,000,000	PO BOX 149			INSURER D :						
COVERAGES       CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE       ADDLISUBR       POLICY EFF       POLICY EFF       POLICY EFF       DOLICY EXP         INSR       TYPE OF INSURANCE       INSD       WVD       POLICY NUMBER       POLICY EFF       POLICY EFF       S00,000         CLAIMS-MADE       OCCUR       0CCUR       0CCUR       10,000       10,000				INSURER E :						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE       INSD WYD       POLICY NUMBER       POLICY EFF       POLICY EXP         INSD       WVD       POLICY NUMBER       POLICY EFF       POLICY EXP       LIMITS         COMMERCIAL GENERAL LIABILITY       INSD WYD       POLICY NUMBER       EACH OCCURRENCE       \$ 1,000,000         CLAIMS-MADE       OCCUR       IN 000       IN 000       IN 000       IN 000       IN 000	EAST BROOKFIELD		MA 01515-1705	INSURER F :						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCUR \$ 1,000,000 CLAIMS-MADE OCCUR 0 000 \$ 300,000 PREMISES (Ea occurrence) \$ 300,000 PREMISES (Ea occurrence) \$ 10,000										
INSR LTR     TYPE OF INSURANCE     ADDLISUBR INSD     POLICY NUMBER     POLICY EFF (MM/DD/YYYY)     POLICY EXP (MM/DD/YYYY)     LIMITS       X     COMMERCIAL GENERAL LIABILITY     Image: Commercial general liability	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,									
COMMERCIAL GENERAL LIABILITY       EACH OCCURRENCE       \$ 1,000,000         DAMAGE TO RENTED       CLAIMS-MADE       OCCUR       \$ 300,000         PREMISES (Ea occurrence)       \$ 300,000       \$ 10,000	NSR TUDE OF INCURANCE	ADDLISUE	BR	POLICY EFF	POLICY EXP	1	LIMITS			
						EACH OCCURRENCE	\$ 1,000			
							10.00			
A Y ADV5367513-13 06/19/2022 06/19/2023 PERSONAL & ADV INJURY \$ 1,000,000	A	Y	ADV5367513-13	06/19/2022	06/19/2023		1.000	0,000		
GEN'L AGGREGATE LIMIT APPLIES PER:	GEN'L AGGREGATE LIMIT APPLIES PER:						2.00	0,000		
POLICY PRO- JECT LOC PRODUCTS - COMP/OP AGG \$ 2,000,000	POLICY PRO- JECT LOC						GG \$ 2,000	0,000		
OTHER:	OTHER:					· · · · · · · · · · · · · · · · · · ·	\$			
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO AUTO AUTO AUTO AUTO AUTO AUTO AUTO						(Ea accident)		0,000		
B OWNED AUTOS ONLY SCHEDULED MAA5310181-14 06/19/2022 06/19/2023 BODILY INJURY (Per accident) \$			MAA5310181-14	06/19/2022	06/19/2023		-			
HIRED NON-OWNED AUTOS ONLY NON-OWNED (Per accident)	HIRED NON-OWNED						\$			
Medical payments s 5,000							\$ 5,000	)		
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE S	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s			
DED         RETENTION \$         \$           WORKERS COMPENSATION         \$         \$										
AND EMPLOYERS' LIABILITY	AND EMPLOYERS' LIABILITY									
C ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A WCA5367533-13 06/19/2022 06/19/2023 E.L. EACH ACCIDENT \$ 500,000 (Mandatory in NH) FL DISEASE , EA EMPLOYEE \$ 500,000	OFFICER/MEMBER EXCLUDED?	N/A	WCA5367533-13	06/19/2022	06/19/2023		500.0			
If yes, describe under	If yes, describe under						500 (			
							VIII Q			
Liquor Liability         ADV5367513-13         06/19/2022         06/19/2023         Aggregate         2,000,000	A Liquor Liability		ADV5367513-13	06/19/2022	06/19/2023			-		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General Liability: Blanket Additional Insured Status with signed contract or agreement for ongoing operations via broadening endorsement.										
				AMORIA						
CERTIFICATE HOLDER CANCELLATION			Ĩ	CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         The Bolton Fair Inc         318-7 Bridge Rd    AUTHORIZED REPRESENTATIVE			-	THE EXPIRATION D. ACCORDANCE WIT	ATE THEREOF H THE POLICY	, NOTICE WILL BE DELI		BEFORE		
Lancaster MA 01523 William Automatical Commences and the Commences of the	Lancaster					- All				
© 1988-2015 ACORD CORPORATION. All rights reser						0.7	ON All rich	ts reconved		



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW THIS CERTIFICATE OF IN	TIVE	LYO	R NEGATIVELY AMEND	. EXTEND	OR ALT	ER THE CO	VERAGE AFFORDED		POLICIES		
BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	ND 1	THE (	CERTIFICATE HOLDER.								
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subjection this certificate does not confer rights	t to t	the te	erms and conditions of t	he policy, c	certain p	olicies mav	NAL INSURED provisio require an endorseme	ns or be nt. A st	e endorsed. atement on		
PRODUCER				CONTACT NAME:							
AHT Insurance, A Baldwin Risk Partn 458 South Ave	er			NAME:           PHONE         FAX           (A/C, No, Ext):         800-648-4807							
Whitman MA 02382				ADDRESS:							
						and the second se	RDING COVERAGE		NAIC #		
INSURED			License#: CA#0658748 MIGHSQU-01								
Mighty Squirrel, LLC		monoco-or	INSURER B : Acadia Insurance Group								
411 Waverley Oaks Road Waltham MA 02452											
VValitani WA 02452				INSURER D :							
				INSURER E :							
COVERAGES CFF	TIFI	CAT	E NUMBER: 27130734	INSURER F :			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES	S OF	INSU	RANCE LISTED BELOW HA	VE BEEN IS	SUED TO	THE INSURE	D NAMED ABOVE FOR 1	HE POL			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR TYPE OF INSURANCE		SUBR		POL (MM/	LICY EFF /DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ			
A X COMMERCIAL GENERAL LIABILITY			CPA5398430-12		26/2021	6/26/2022	EACH OCCURRENCE	\$ 1,000	,000		
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000			
							MED EXP (Any one person)	\$ 10,000			
							PERSONAL & ADV INJURY	\$ 1,000.			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	000		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,	000		
OTHER:								\$			
							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANYAUTO							BODILY INJURY (Per person)	\$			
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								\$			
B X UMBRELLA LIAB X OCCUR			CUA5398431-12	6/20	6/2021	6/26/2022	EACH OCCURRENCE	\$ 5,000,	000		
EXCESS LIAB CLAIMS-MADE	5						AGGREGATE	\$ 5,000,	000		
DED RETENTION \$								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					ļ	E.L. EACH ACCIDENT	\$			
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
A Liquor Liability			CPA5398430-12	6/26	6/2021	6/26/2022	Aggregate	1,000,	000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL The Bolton Fair Inc. and Town of Lancaster Liability per the term and conditions of form	MA a CG0	are Ad 114 (	dditional Insured for your O 09/16) when required by w	ngoing Oper ritten contrac	erations o oct or agre	n a Primary a eement.	and Non-Contributory bas				
Waiver of Subrogation for General Liability a	applie	s per	the terms and conditions of	of form CG04	492 (10/	18) when req	uired by written contract	or agree	ment.		
Umbrella Liability applies per the terms and	cond	itons	of form CU0001 (04/13) wl	hen required	d by writte	en contract o	r agreement.				
Forms available upon request.							·				
CERTIFICATE HOLDER				CANCELL	ATION		· · · · · · · · · · · · · · · · · · ·				
The Bolton Fair Inc. Lancaster Fairgrounds 318 7 Bridge Rd.				SHOULD A THE EXP	ANY OF T PIRATION ANCE WIT	DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.				
Lancaster MA 01523				X	21	- 10					
				4AT	Any	إستدللا					
					© 198	8-2015 ACC	ORD CORPORATION.	All right	ts reserved.		

ACORD 25 (2016/03)

ACORD	

DATE (MM/DD/YYYY)

								5/	25/2022	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
				policy(	ies) must ha		NAL INSURED provision	s or h	e endorsed	
If SUBROGATION IS WAIVED, subject	t to t	he te	rms and conditions of th	e policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. the policy, certain policies may require an endorsement. A statement on						
this certificate does not confer rights	to th	e cer	tificate holder in lieu of s	uch en I conta	dorsement(s	).	·			
PRODUCER										
AHT Insurance, A Baldwin Risk Partn 458 South Ave		PHONE (A/C, No	<sub>b, Ext):</sub> 800-64	8-4807	FAX (A/C, No):	781-44	7-7230			
Whitman MA 02382	È-MAIL ADDRE	SS:								
			INSURER(S) AFFORDING COVERAGE NAIC #							
		License#: CA#0658748								
INSURED	INSURE	кв: Acadia I	nsurance Gro	pup						
Mighty Squirrel, LLC 411 Waverley Oaks Road				INSURER C :						
Waltham MA 02452				INSURER D :						
				INSURER E :						
				INSURER F :						
COVERAGES CEF	TIFI	CATE	E NUMBER: 1392391371				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD										
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER1 POLI	TAIN, CIES.	THE INSURANCE AFFORDE	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS.	D HEREIN IS SUBJECT TO			
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A X COMMERCIAL GENERAL LIABILITY			CPA5398430-12		6/26/2021	6/26/2022	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,000	
							MED EXP (Any one person)	\$ 10,00	0	
		1					PERSONAL & ADV INJURY	\$1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
B X UMBRELLA LIAB X OCCUR			CUA5398431-12		6/26/2021	6/26/2022	EACH OCCURRENCE	\$ 5,000	000	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 5,000		
DED RETENTION \$							NOONEONIE	\$	,000	
WORKERS COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below						-	E.L. DISEASE - POLICY LIMIT	s		
A Liquor Liability			CPA5398430-12		6/26/2021	6/26/2022	Aggregate	<u> </u>	,000	
	EQ /*	0000	101 Additional Demote Oal 11		atta alta d'17					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL The Bolton Fair Inc. and Town of Lancaster	MA a	are Ad	ditional Insured for Ongoir	ng Oper	rations on a F	rimary and N	ion-Contributory basis for	Genera	al Liability per	
the term and conditions of form CG0114 (09	9/16)	when	required by written contract	ct or ag	reement.	· · · · · · ·	····· , ······		·····, F,	
Waiver of Subrogation for General Liability	applie	es per	the terms and conditions of	of form	CG0492 (10/	18) when rea	uired by written contract o	or agree	ement.	
- •	• •	•			•	, ,				
Umbrella Liability applies per the terms and	cond	nuons	010m C00001 (04/13) W	nen reo	juirea by writ	ien contract d	a agreement.			
Forms available upon request.									······································	
CERTIFICATE HOLDER				CANC	ELLATION					
Town of Lancaster				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C/ REOF, NOTICE WILL E Y PROVISIONS.			
701 Main St.			F	AUTHOR	ZED REPRESEN	TATIVE				
Lancaster MA 01523				(	R.A.	t.				
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Ą	CORD	CEF	RTI	FICATE OF LI	ABIL	ITY INS	SURAN	CE		(MM/DD/YYYY) 25/2022
CE BE	IS CERTIFICATE IS ISSUED AS RTIFICATE DOES NOT AFFIRMA LOW. THIS CERTIFICATE OF IN PRESENTATIVE OR PRODUCER, A		Y OI ANCE	R NEGATIVELY AMEND E DOES NOT CONSTITU	. EXTE	END OR AL	TER THE C	OVERAGE AFFORDED		DER. THIS
IMI If	PORTANT: If the certificate hold SUBROGATION IS WAIVED, subj s certificate does not confer rights	erisa ect to	n AD	DITIONAL INSURED, the terms and conditions of	the no	licy certain	nolicies may	NAL INSURED provision y require an endorseme	ons or be ent. A st	e endorsed. atement on
PROD	UCER License # 1780862				CONTA NAME:					
HUB	International New England ongwater Drive					e, Ext): (781)	792-3200	FAX (A(C No	(781) 7	792-3400
	ell, MA 02061-9146				E-MAIL ADDRE	SS:		1 (170, 110		
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC #
					INSUR	ER A : Great A	merican Ir	surance Company		16691
INSUR					INSURE	ER B : Comme	erce Insura	nce Company		34754
	Lord Hobo Brewing Compa	iny LL	C		INSURE	ER C : Massachus	setts Retail Merc	hants Workers' Compensation	Group, In	34355
	5 Draper Street Woburn, MA 01801				INSURE					
	,				INSURE					
COV	ERAGES CEI		• • TE	E NUMBER:	INSURE	ERF:				
	S IS TO CERTIFY THAT THE POLIC					EEN ISSUED .		REVISION NUMBER:		
CEF	ICATED. NOTWITHSTANDING ANY RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	REQUII	reme Tain.	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI	N OF A סדר DFD	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	PECT TO	WHICH THIS
	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			PAC 3019243-03		2/17/2022	2/17/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
F								MED EXP (Any one person)	\$	5,000
-		.						PERSONAL & ADV INJURY	\$	1,000,000
4	SEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000
-								PRODUCTS - COMP/OP AGG	\$	2,000,000
B	OTHER:							COMBINED SINGLE LIMIT	s	4 000 000
				2054550111///1111		0/14/0000		(Ea accident)	\$	1,000,000
-	ANY AUTO OWNED AUTOS ONLY X AUTOS			22MMBHVXHH		3/11/2022	3/11/2023	BODILY INJURY (Per person)	\$	
5								BODILY INJURY (Per accident PROPERTY DAMAGE		
F	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR	1							\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$ \$	
	DED RETENTION \$	1						AGGREGATE	s	
Cw	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A	ľ	14005034875000		1/1/2022	1/1/2023	E.L. EACH ACCIDENT	s	1,000,000
								E.L. DISEASE - EA EMPLOYE	= \$	1,000,000
D	yes, describe under ESCRIPTION OF OPERATIONS below			······				E.L. DISEASE - POLICY LIMIT	1	1,000,000
	iquor Liability			PAC 3019243-03		2/17/2022	2/17/2023	Each Occurrence		1,000,000
vent i vent	PTION OF OPERATIONS / LOCATIONS / VEHIC OLTON FAIR INC and THE TOWN OF Date: Saturday June 25th 2022 Time: 2:00-6:00 PM Location: Lancaster Fairgrounds, 31				e, may bo onal ins	e attached if more Sureds	e space is requir	ed)		
CERT	IFICATE HOLDER				CANC	ELLATION				
	The Bolton Fair Inc.				THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL		
	The Town Of Lancaster Mas 318 7 Bridge Rd	sachu	setts	_		~~~		Y PROVISIONS.		
	Lancaster, MA 01523				۸	udh J-Ka				
COR	2D 25 (2016/03)	<b>T</b> L -				© 198	8-2015 ACC	ORD CORPORATION.	All righ	ts reserved.

OR

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LORDHOB-01

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JCZURA

# Certificate of Completion

This Certificate of Completion of

# eTIPS On Premise 3.1

For coursework completed on November 13, 2021 provided by Health Communications, Inc. is hereby granted to:

**Kevin McComiskey** 

Certification to be sent to:

Northern Restaurant Group 303 Main St North Reading MA, 01864-1326 USA

Santaser Santaser

FAITH

# Certificate of Completion

This Certificate of Completion of

eTIPS On Premise 3.1 For coursework completed on May 24, 2022 provided by Health Communications, Inc. is hereby granted to:

# David Carr

Certification to be sent to:

The Joseph and Leslie Carr Foundation 71 White Tail Ln Lancaster MA, 01523-1929 USA

fed and

INC.

1000

eTIPS On Premise 3.1 Issued: 4/7/2022 ID#: 5689478

Expires: 4/7/2025

Susan Brown 116 Apache Way Tewksbury, MA 01876-4618

For service visit us online at www.gettips.com



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