

## PUBLIC MEETING

Per Massachusetts General Law: All town and school boards, committee, and authorities shall post a notice of every meeting at least 48 hours prior to such meeting, excluding Saturdays, Sundays, and legal holidays. Notice shall contain a listing of topics/agenda that the chair reasonably anticipates will be discussed at the meeting. As required by Open Meeting Law and Mass. General Law, we are informing you that this meeting will be video and audio recorded, as well as rebroadcast. Anyone intending to video or audio tape this meeting is required to inform the Chair.

### **Board of Selectmen Meeting June 9, 2020 ~ 6:00 PM Yarmouth Town Hall Hearing Room 1146 Rt. 28, South Yarmouth, MA 02664**

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### **NOTE: THIS IS A REMOTE PARTICIPATION MEETING**

Pursuant to Governor Baker's March 12, 2020, Order Suspending Certain Provisions of the Open Meeting Law, G.L. 30A, § 18, and the Governor's March 15, 2020, Order imposing a limitation on the number of people that may gather in one location, this meeting will be conducted via remote participation. Specific information such as instructions and guidelines for remote participation by members of the public and/or parties with a right and/or requirement to attend this meeting can be found on the Town website at [www.yarmouth.ma.us](http://www.yarmouth.ma.us). For the public portion of this meeting, members of the public who wish to watch/listen and participate in the meeting may do so in the following manner:

1. Watch a live stream on Yarmouth's YouTube Channel located at the following link:  
<https://www.youtube.com/channel/UCgQ1QFZevmoqW5Mz2PnWKpA/>
2. Join the meeting hosted in Zoom by using the following link:
3. <https://us02web.zoom.us/j/82199600396?pwd=OXIuL1NyVVlNNlMvWTBDR0pCbXNadz09>  
Audio, video and screen sharing functions will be disabled during the public session. Request to participate by using the "raise hand" function. (meeting ID: 821 9960 0396/ password 273433)
4. You may also listen to the meeting by calling in on a phone to either 1-253-215-8782 or 1-301-715-8592 and enter the meeting ID: 821 9960 0396/ password 273433. Audio, video and screen sharing functions will be disabled. Smart phone callers may be able to participate by using the "raise hand" function. Land line callers will be able to listen, but not participate verbally. All callers, or viewers may participate and provide public comment by using a designated email indicated below.
5. You may submit comments to the Town using the following email: [publiccomment@yarmouth.ma.us](mailto:publiccomment@yarmouth.ma.us) This email will be monitored by a moderator who will alert the Board Chair of relevant comments.
6. Meeting materials are attached to this agenda, available online at [yarmouth.ma.us/Agenda](http://yarmouth.ma.us/Agenda) Center, and will be displayed at the online meeting. It is recommended that phone participants access materials in advance of the meeting.
7. Please follow the following general instructions:
  - a. Keep your phone muted at all times when not talking;
  - b. Do not use speakerphone;
  - c. Do not use Bluetooth devices;
  - d. Mute all background noise;
  - e. Mute the livestream feed and use only the telephone audio;
  - f. Please do not speak until the chair or the meeting moderator asks for public comments or questions.

No in-person attendance of members of the public will be permitted. The measures stated above follow the emergency order of the Governor for remote participation. Meetings will be broadcast on Channel 18 as soon as possible after the close of the meeting.



# TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231 Ext. 1271. Fax (508) 398-2365

BOARD OF  
SELECTMEN

TOWN  
ADMINISTRATOR  
Daniel M. Knapik

## PUBLIC MEETING

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YARMOUTH TOWN CLERK

20 JUN 5 AM 8:45 REC

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## **Meeting Agenda** *(all times are approximate)*

### **6:00 PM Public Comments**

*The open meeting law discourages public bodies from discussing topics not listed on the agenda. The public should therefore not expect the Board to respond to questions or statements made during the Public Comment portion of the meeting.*

### **6:15 PM Public Hearing:**

1. Papa Gino's – New Annual Wine & Malt License
2. Ocean Shores Corporation dba Yarmouth Wine & Spirits – Transfer of Package Store License

### **7:00 PM Revised Fundraising/Special Event Sign Policy**

### **7:15 PM Septage Enterprise Expense Review (Vote)**

### **7:30 PM COVID-19 Updates and Operations**

1. FY20 Budget Impact
2. Department Return to Work Plans
  - a. Shark Response Plan
  - b. Driving Range at Bayberry Hills Golf Course Plan
3. Phase II Business Opening Plans
  - a. Temporary Outdoor Restaurant Dining Service/Alcohol Extension of Premises Application (Discussion and Vote)
4. Annual Town Meeting Update

### **8:30 PM Board and Committee Actions**

1. Committee Resignation – (1) Mid-Cape Cultural Council
2. Projected 2020 Agenda Items
3. Individual Items

### **9:00 PM Town Administrator Items**

1. Town Administrator Updates
2. Water Resources Planning
3. Consent Agenda

### **9:15 PM Adjourn**

**AGENDA PACKET**  
**Board of Selectmen**  
**June 9, 2020**

- Papa Gino's – New Annual Wine & Malt License
- Ocean Shores Corporation dba Yarmouth Wine & Spirits – Transfer of Package Store License
- March 11, 2020 Memo from Kathy Williams, Town Planner, regarding Revised Fundraising/Special Event Sign Policy, with attachments
- June 3, 2020 Memo from Karl von Hone, DNR Director, and Aimee Howell, Assistant Recreation Director, regarding Shark Response Plan
- Town of Yarmouth Shark Sighting and Shark Attack Policy (Draft)
- June 4, 2020 Memo from Scott Gilmore, Director of Golf Course Operations, regarding Driving Range at Bayberry Hills Golf Course
- June 5, 2020 Memo from Karen Greene, Director of Community Development, Mark Grylls, Director of Inspectional Services, Linda Hill, Licensing, and Kathy Williams, Town Planner, regarding Outdoor Seating and Outdoor Alcohol Service, with attachments
- Committee Resignation - (1) Mid-Cape Cultural Council
- 2020 BOS Upcoming Agenda Items Schedule

# CONSENT AGENDA

## BOARD OF SELECTMEN

June 9, 2020

**APPROVED:** \_\_\_\_\_

### Approval:

- Memo to BOS from Recreation Division dated June 1, 2020 re: Donation Approval Request

### Donations

1409	Rick Annes	\$150.00	1410	Dawn Nickerson	\$150.00
1411	Jane Eichmann	\$150.00	1412	Jacob Herschler	\$150.00
1413	Ruth Holland	\$150.00	1414	Gwen Baumann	\$150.00
1415	Gwen Baumann	\$150.00	1416	Carol Rawlins	\$150.00
1417	Marcia Randall	\$150.00	1418	Peter Quinn	\$150.00
1419	Linda Niesta	\$150.00	1420	Nancy Brink	\$150.00
1421	Abigail Anderson	\$150.00	1422	Carol Rawlins	\$150.00
1423	Justine DeNorscia	\$150.00	1424	Jeanne Gleason	\$150.00
1425	Kathi Milch	\$150.00	1426	Robert Mackintire	\$150.00
1427	Molly Palatino	\$150.00	1428	Gina LaChapelle	\$150.00
1429	Mariah Kelley	\$150.00	1430	Chris Koelsch	\$150.00
1431	Gregory Smith	\$150.00	1432	Megan Pratt	\$150.00
1433	Jennifer Casanova	\$150.00	1434	Joshua Avery	\$150.00
1435	John McElwain	\$150.00	1436	Linda Vanliere	\$150.00
1437	Deborah Fox	\$150.00	1438	Laura Wheeler	\$150.00
1439	Kristin Patterson	\$150.00	1440	Grace Beckwith	\$150.00
1441	Sean Monahan	\$150.00	1442	Charles Santoro	\$150.00
1443	Linay Robinson	\$150.00	1444	Kathi Cohun	\$150.00
1445	Karen Beuchemin	\$150.00	1446	Margaret Keefe	\$150.00

\_\_\_\_\_

\$ 5,700.00

TOTAL: \$ 5,700.00

**AGENDA**

**ITEMS**



# TOWN OF YARMOUTH

1146 Route 28 South Yarmouth MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 1271, 1270 - Fax (508) 398-2365

BOARD OF  
SELECTMEN

TOWN  
ADMINISTRATOR  
Daniel M. Knapik

May 21, 2020

The Register

Please advertise the following as a Legal Ad in your newspaper on May 28, 2020.

## TOWN OF YARMOUTH BOARD OF SELECTMEN LIQUOR HEARING

The Yarmouth Board of Selectmen, acting as the local licensing authority, has received an application for a new Annual Wine & Malt Restaurant License from New England Authentic Eats LLC dba Papa Gino's, Alaina Maio, manager.

The premise, located at 940 Route 28, South Yarmouth, is a free standing building. It is a single floor unit with a dining room having a seating capacity of 96, a kitchen area, an office area, walk-in refrigerator, freezers and restrooms.

Hearing will be held remotely on Tuesday, June 9, 2020 at Town Hall, 1146 Route 28, South Yarmouth. The Selectmen's meeting begins at 6:00pm.

Written comments will be accepted until 4:30 pm, Friday, June 5, 2020 in the Selectmen's office at Town Hall via the drop box or can be submitted electronically to: [publiccomment@yarmouth.ma.us](mailto:publiccomment@yarmouth.ma.us). Please see the posted agenda on the Town website 48 hours prior to the meeting for further instructions on electronic participation.

Please bill the applicant for the ad:

Jim Poirier  
940 Route 28  
South Yarmouth, Ma. 02664  
781-467-1647  
[license@papaginos.com](mailto:license@papaginos.com)

**YARMOUTH/SEI/PAPA GINO'S  
LEGAL NOTICE  
TOWN OF YARMOUTH  
BOARD OF SELECTMEN  
LIQUOR HEARING**

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Please see the posted agenda on the Town website 48 hours prior to the meeting for further instructions on electronic participation.

AD# 13891663  
The Register 5/28/20

**TOWN OF YARMOUTH  
NEW ALCOHOL LICENSE CHECKLIST**

**FILING FEE: \$105.00**  
Payable to Town of Yarmouth

Hearing required: Yes  No   
Legal Ad in newspaper  
10 days prior Yes  No   
Notify Abutters: Yes  No

**FILL OUT AN APPLICATION (AND ALL OTHER REQUIRED DOCUMENTS) FOR  
A NEW ALCOHOL LICENSE ONLINE AT: [www.mass.gov/abcc](http://www.mass.gov/abcc)**

**LOCAL LICENSING AUTHORITY REQUIREMENTS:**

- N/A* Copy of variance or special permit granted by the Board of Appeals (if applicable)
- MA* Copy of Site Plan Review meeting notes (if applicable)
- N/A* Copy of Business Certificate issued by the Town Clerk's office
- Copy of lease agreement or purchase and sale agreement
- Proof that all water bills, real estate and personal property taxes for the premises are current
- Copy of insurance certificate supporting minimum amount of **legal liquor liability insurance** coverage. (Chapter 116 of the Acts of 2010) **APPLIES TO SECTION 12 LICENSES ONLY**
- Copy of workers compensation insurance certificate
- Copy of corporate vote appointing a manager of record on the license
- Resume of manager of record
- Cori application for manager of record
- List of assistant managers or persons who will be in charge of the premise in the manager's absence  
*Certificate to be issued*
- Copy of **TIPS, TAMS, SERVE SAFE OR AIM** training certificate for manager of record
- Contact made with Yarmouth Police licensing agent to review licensee Rules & Regulations
- Copy of menu (if applicable)
- Days and hours of alcohol service on the premises *10AM - 11 PM 7 days*
- Detailed floor and seating plan(s) showing dimensions of all rooms, entrance(s), exits(s), liquor storage, service bar and location of entertainment (if applicable). Show tables and chairs in dining area(s) and a total number of seats. Also show outdoor service area with seating (if applicable)
- A legal notice advertising the hearing to be published at least ten (10) days prior to the hearing
- Abutter notices sent out via **CERTIFIED RETURN RECEIPT MAIL** ten (10) days prior to the hearing

**NOTE:** If you wish to secure an entertainment license, it is to your advantage to have these two hearings at the same time to avoid an additional \$65.00 hearing fee.

The legal advertisement fee will be billed to the applicant. This fee has to be paid before issuance of the license(s).

Abutter notices must be sent out via certified mail at least ten (10) days prior to the hearing.



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM

APPLICATION FOR A NEW LICENSE

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

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> New License                        | <input type="checkbox"/> Change of Location   | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                           | <input type="checkbox"/> Alteration of Licensed Premises  | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)  | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input type="checkbox"/> Change of Manager                             | <input type="checkbox"/> Change Corporate Name  | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement               |
| <input type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  | <input type="checkbox"/> Other <input type="text"/>   |   | <input type="checkbox"/> Change of DBA                                |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

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



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

RECEIVED

MAY 11 2020

LICENCES & PERMITS  
 TOWN OF YARMOUTH

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="\$12 Restaurant"/>	<input type="text" value="Wines and Malt Beverages"/>	<input type="text" value="Annual"/>

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation?  Yes  No Chapter  Acts of

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name  FEIN

DBA  Manager of Record

Street Address

Phone  Email

Alternative Phone  Website

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Square Footage:  Number of Entrances:  Seating Capacity:

Number of Floors:  Number of Exits:  Occupancy Number:

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name:  Phone:

Title:  Email:

**APPLICATION FOR A NEW LICENSE**

**5. CORPORATE STRUCTURE**

Entity Legal Structure	<input type="text" value="LLC"/>	Date of Incorporation	<input type="text" value="November 01, 2018"/>
State of Incorporation	<input type="text" value="Delaware"/>	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> No	

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST**

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:  
**On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;  
**Off Premises (Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
<input type="text" value="WCSO Holdings Corp"/>	<input type="text" value="600 Providence Highway, Dedham, MA 02026"/>	<input type="text" value="38-4086892"/>	<input type="text" value="N/A"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text" value="Sole Member"/>	<input type="text" value="100%"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.  Yes  No

**MANAGEMENT AGREEMENT**

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.  Yes  No

## APPLICATION FOR A NEW LICENSE

### 6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
See Attached			

### 6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

## 7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name Bass River Realty LLC

Landlord Phone 508-398-6070

Landlord Email N/A

Landlord Address 113 Pleasant Street, South Yarmouth, MA 02664

Lease Beginning Date April 30, 1970

Rent per Month \$5,500.00

Lease Ending Date January 31, 2030

Rent per Year \$66,000.00

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes    No

**APPLICATION FOR A NEW LICENSE**

**8. FINANCIAL DISCLOSURE**

A. Purchase Price for Real Estate	N/A
B. Purchase Price for Business Assets	20,000,000.00
C. Other* (Please specify below)	0
D. Total Cost	20,000,000.00

\*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

**SOURCE OF CASH CONTRIBUTION**

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
WCSO Holding Corp (Sole Member)	\$20,000,000 Credit Bid on 363 Sale
<b>Total</b>	<b>\$20,000,000</b>

**SOURCE OF FINANCING**

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
		N/A - See APA for \$20,000,000.00 Credit Bid	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

**FINANCIAL INFORMATION**

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

**9. PLEDGE INFORMATION**

Please provide signed pledge documentation.

Are you seeking approval for a pledge?  Yes  No

Please indicate what you are seeking to pledge (check all that apply)  License  Stock  Inventory

To whom is the pledge being made?

# 10. MANAGER APPLICATION

## A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Alaina Malo Date of Birth [REDACTED] SSN [REDACTED]

Residential Address [REDACTED]

Email [REDACTED] Phone [REDACTED]

Please indicate how many hours per week you intend to be on the licensed premises 48

## B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?  Yes  No \*Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime?  Yes  No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

## C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
05/2016	CURRENT	General Manager	Papa Gino's	Eric Johnson
01/2014	05/2016	Salon Manager	The Cosmopolitan	Amy Maio
02/2012	11/2013	Manager	Dunkin Donuts	Donna Snarsky
06/2010	02/2012	Team Member	Papa Gino's	Christine Couture

## D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature Alaina Malo Date 3/8/2020

### 11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

Yes  No

If yes, please fill out section 11.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

**IMPORTANT NOTE:** A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

### 11A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

Yes  No

If yes, attach an affidavit providing the details of any and all convictions.

### 11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

#### LICENSE

Does any individual or entity identified in question 11A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

## **ADDITIONAL INFORMATION**

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

Purchase Price \$20,000,000.

Purchaser: New England Authentic Eats LLC (f/k/a WC Purchaser LLC) a company under management of Wynnchurch Capital, LLC

### **Financial Information**

Provide a detailed explanation of the form(s) and the source(s) of funding for the cost identified above.

on June 29, 2018, Wynnchurch Capital, LLC through affiliate entities acquired the First Lien and Second Lien debt of PGHC Holdings, Inc. and subsidiary companies which operate as Papa Gino's and D'Angelo restaurants.

Wynnchurch Capital, LLC, headquartered in Chicago is a leading middle-market private equity investment firm. Wynnchurch strategy is to partner with middle market companies in the United States and Canada that possess the potential for substantial growth and profit improvement. Wynnchurch Capital manages a number of private equity funds with \$2.2 billion of committed capital under management and specializes in recapitalizations, growth capital, management buyouts, corporate carve-outs and restructuring.

Wynnchurch Capital funded the acquisition of the debt with cash. Once the debt acquisition was complete, plans were made to restructure the company which included filing for Chapter 11 Bankruptcy which occurred on November 5, 2018.

Ultimately, the acquisition and payment for the assets was made in the form of credit bid rights under Section 363(k) of the Bankruptcy Code consisting of the surrender and release by Wynnchurch of a portion of the Liabilities arising under, or otherwise relating to, the Loan Agreement. The sale was finalized on February 11, 2019.

Under the new ownership, the Company is revitalizing/remodeling our restaurants and would like to add Beer and Wine to the menu options in order to encourage more dine-in patrons to the restaurant.

**APPLICANT'S STATEMENT**

I, Corey Wendland the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory

of New England Authentic Eats LLC  
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature: 

Date: 4/29/2020

Title: Chief Financial Officer



## ADDENDUM A

### 6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

Percentage of Ownership in Entity being Licensed  
(Write "NA" if this is the entity being licensed)

New England Authentic Eats LLC

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**CRIMINAL HISTORY**

Has any individual identified above ever been convicted of a State, Federal or Military Crime?  
If yes, attach an affidavit providing the details of any and all convictions.

Yes  No

# Alaina Maio

**General Manager**  
South Yarmouth, MA

Experienced General Manager who oversees a high-volume quick service restaurant, who effectively motivates team members through continual guidance, direction, development and coaching. Who is versed in planning daily operations, staffing and inventory management. Highly enthusiastic customer service professional who takes pride in satisfying the needs of guests, with 10+ years' experience.

Willing to relocate to: Cape Cod, MA  
Authorized to work in the US for any employer

## Work Experience

---

### **General Manager**

New England Authentic Eats LLC DBA Papa Gino's - South Yarmouth, MA  
March 2019 to Present

### **General Manager**

Papa Gino's - Orleans, MA  
May 2016 to March 2019

Restaurant General Manager, responsible for hiring, firing, scheduling, training, coaching. Handling money, making deposits. Inventory management, meeting budget requirements. Well versed in Profit & Loss Statements. Understand how to control P&L's. High success with raising sales and profits. Customer service.

### **Manager**

The Cosmopolitan - Mashpee, MA  
October 2015 to May 2016

Educate customers as to how to use our equipment safely  
Assist customers with decisions on packages by adjusting my selling points to meet their needs  
Assist owner with all business operations, marketing, sales promotions, payroll, social media advertisement  
Attend expos and seminars to expand my knowledge of the industry  
Identify supply needs and relay to owner  
Open & close salon, basic cleaning

### **Restaurant Manager**

Couto Management Group - Cedarville, MA  
February 2012 to August 2013

Compiled weekly monetary reports and records for district manager.  
Maintained adequate cash supply in cash drawers in multiple checkout stations and made large cash deposits daily.  
Efficiently resolved problems or concerns to the satisfaction of all involved parties.



**Current Management – Papa Gino's – South Yarmouth**

1. Victoria LaFrance
2. Rachel Acosta
3. Megan Standish
4. Alaina Maio

**Days and Hours of Alcohol Service on the Premises**

1. Monday through Sunday 10:00 a.m. – 11:00 p.m.

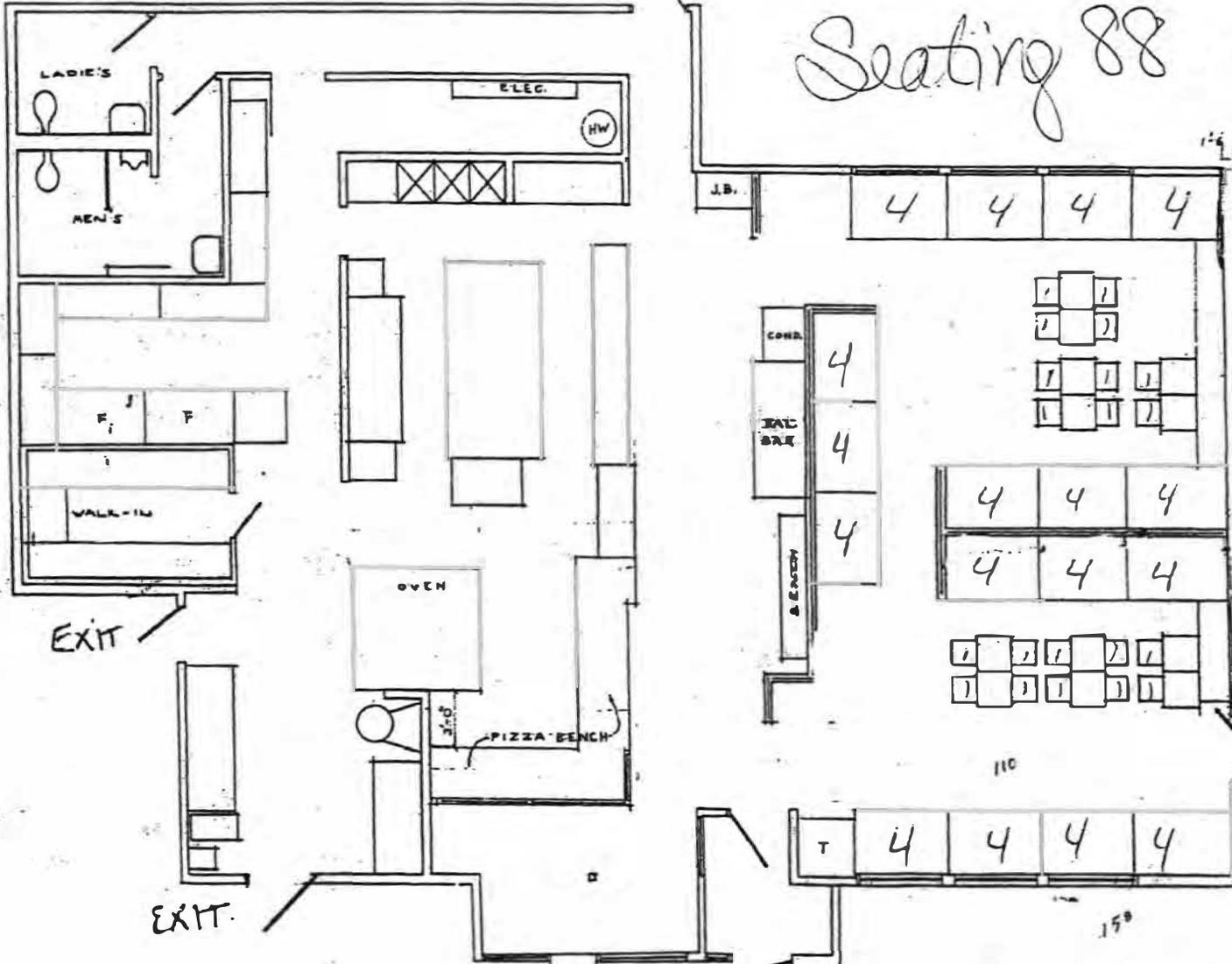
EXIT

Seating 88

RECEIVED

FEB 11 2020

LICENCES & PERMITS  
OWN OF YARMOUTH



EXIT

EXIT

ENTRANCE

ENTRANCE

FLOOR PLAN

**PAPA GINO'S**  
 RT. 20 SO. YARMOUTH 7/5/86  
 SCALE 1/4" = 1'-0" DWG. 2



# TOWN OF YARMOUTH

1146 Route 28 South Yarmouth MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 268 - Fax (508) 398-0836

RECEIVED

FEB 27 2020

LICENSES & PERMITS  
TOWN OF YARMOUTH

## New Annual All Alcohol Restaurant License

February 6, 2020

APPLICATION FOR: New England Authentic Eats LLC dba Papa Gino's

NAME OF APPLICANT: Jim Poirier, license and lease administrator

Contact person: same 781-467-1647  
license@papaginos.com

ADDRESS: 940 Route 28, South Yarmouth

Application is for a new Annual Wine & Malt Restaurant license. No entertainment.  
Hours of operation 10:00AM – 11:00PM 7 days. Seating plan attached.

NAME OF PROPERTY OWNER: Bass River Realty LLC

Date of Selectmen Hearing Tuesday, February 25, 2020.

Fire Department Comments: YFD supports the application, subject to applicable submissions, permits and inspections. Capt. Huck

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accessibility: Front door ramp:  Yes  No Alternate door ramp  Yes  No

Wheelchair accessible bathroom Male:  Yes  No Female  Yes  No

**NEED COMPLETED FORM BY TUESDAY, FEBRUARY 18, 2020.**



# TOWN OF YARMOUTH

1146 Route 28 South Yarmouth MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 268 - Fax (508) 398-0836

RECEIVED

FEB 19 2020

LICENSING & PERMITS  
TOWN OF YARMOUTH

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Hours of operation 10:00AM - 11:00PM 7 days. Seating plan attached.

NAME OF PROPERTY OWNER: Bass River Realty LLC

Date of Selectmen Hearing Tuesday, February 25, 2020.

### Building Department Comments:

*Certificate of Inspection is due on  
6/23/20*

*Liquor CI Inspection should be done  
and DATE CHANGE TO Liquor license period  
12-31-20*

Signature: *[Signature]* Date: 2-19-20

Accessibility: Front door ramp:  Yes  No Alternate door ramp  Yes  No

Wheelchair accessible bathroom Male:  Yes  No Female  Yes  No

**NEED COMPLETED FORM BY TUESDAY, FEBRUARY 18, 2020.**



# TOWN OF YARMOUTH

1146 Route 28 South Yarmouth MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 268 - Fax (508) 398-0836

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ADDRESS: 940 Route 28, South Yarmouth

Application is for a new Annual Wine & Malt Restaurant license. No entertainment.  
Hours of operation 10:00AM – 11:00PM 7 days. Seating plan attached.

NAME OF PROPERTY OWNER: Bass River Realty LLC

Date of Selectmen Hearing Tuesday, February 25, 2020.

Health Department Comments:

88 Seats per Seating Plan attached 4/15/86

Septic Plan 1980 for 98 Seats

Signature: \_\_\_\_\_

Date: 2/14/2020

**NEED COMPLETED FORM BY TUESDAY, FEBRUARY 18, 2020.**

RECEIVED  
FEB 14 2020  
LICENSES & PERMITS  
TOWN OF YARMOUTH



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/03/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The PLEXUS Groupe LLC 21805 W Field Parkway, Ste 300  Deer Park IL 60010		<b>CONTACT NAME:</b> Certificates <b>PHONE (A/C, No, Ext):</b> (847) 307-6100 <b>FAX (A/C, No):</b> (847) 307-6199 <b>E-MAIL ADDRESS:</b> certificates@plexusgroupe.com	
<b>INSURED</b> New England Authentic Este LLC DBA: Papa Gino's/D'Angelo 600 Providence Highway Dedham MA 02026		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> United States Fire Insurance Company NAIC # 21113 <b>INSURER B:</b> XL Insurance America, Inc. 24554 <b>INSURER C:</b> Crum & Forster Indemnity Company 31348 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 19/20 GL,WC,UMB,EXCS,      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY ED (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			GL 543-850449-3	02/11/2019	02/11/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			US00089484LI19A	02/11/2019	02/11/2020	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A			WC 408-850450-2	02/11/2019	02/11/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Liquor Liability			GL 543-850449-3	02/11/2019	02/11/2020	Per Occurrence \$ 1,000,000 Aggregate \$ 2,000,000

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

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  



# TOWN OF YARMOUTH

BOARD OF  
ASSESSORS

1146 Route 28 South Yarmouth MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 1222 - Fax (508) 398-2365

DIRECTOR OF  
ASSESSING  
Andy Machado

## ASSESSORS CERTIFICATION FOR ABUTTERS LIST

Date: 2/11/20

Subject Name: New England Authentic Eats LLC  
Iba Papa Gino's Map # 42

Subject Address: 940 Route 28 Lot # 32.1

To Whom It May Concern,

This is to certify that the attached list is a complete list of abutters within the required radius of the subject lot.

List of direct abutters  
 List within 100' radius  
 Other \_\_\_\_\_

\_\_\_\_\_ Number of labels  
\_\_\_\_\_ Number of hard copies

Respectfully,

Andy Machado  
Director of Assessing

Please list the date needed by: 2/13/20

50/ 2/ / /  
SPV ASSOCIATES LTD PARTNERSHIP  
C/O RED MORTGAGE CAPITAL, LLC  
1717 MAIN ST SUITE 900  
DALLAS , TX 75201

50/ 1/ / /  
TARLIN LLOYD DS & I RABB & GOLDB  
C/O STOP & SHOP SUPERMARKET CO  
1385 HANCOCK ST RE DEPT  
QUINCY , MA 02169

41/ 21.1/ / /  
BASS RIVER REALTY LLC  
113 PLEASANT ST  
SOUTH YARMOUTH , MA 02664

~~41/ 24.1/ / /  
BASS RIVER REALTY LLC  
113 PLEASANT ST  
SOUTH YARMOUTH , MA 02664~~

~~42/ 22/ / /  
SHANAHAN JOHN J TRS  
C/O A J SHANAHAN  
37 BARTLETT RD  
PLYMOUTH , MA 02360~~

~~41/ 25/ / /  
SOUTH YARMOUTH SERIES FIVE LLC  
P O BOX 342  
HYANNIS , MA 02601~~

~~42/ 32.1/ / /  
BASS RIVER REALTY LLC  
113 PLEASANT ST  
SOUTH YARMOUTH, MA 02664~~

~~42/ 34/ / /  
FARLEY MARSHALL P  
PO BOX 537  
HYANNIS PORT , MA 02647-0537~~

~~42/ 47/ / /  
BRANDER STEVEN P TR  
AL-JAY REALTY TRUST  
PO BOX 590  
SOUTH YARMOUTH, MA 02664-0590~~



# TOWN OF YARMOUTH

1146 Route 28 South Yarmouth MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 1271, 1270 - Fax (508) 398-2365

BOARD OF  
SELECTMEN

TOWN  
ADMINISTRATOR  
Daniel M. Knapik

May 21, 2020

The Register

Please advertise the following as a Legal Ad in your newspaper on May 28, 2020.

## TOWN OF YARMOUTH BOARD OF SELECTMEN TRANSFER OF LIQUOR LICENSE HEARING

The Yarmouth Board of Selectmen, acting as the local licensing authority, has received an application for a transfer and pledge of an Annual All Alcohol Package Store License from Ocean Shores Corporation dba Yarmouth Wine & Spirits, Margo G. O'Brien, manager. Ocean Shores Corporation has also applied to pledge the license and inventory to Cape Cod Five Cents Savings Bank.

The License is being transferred from Yarmouth Wine & Spirits, LLC dba Yarmouth Wine & Spirits, Frank Manoli, manager.

The premises, located at 484 H Station Avenue, South Yarmouth is an end unit containing 8,960 square feet with one front customer entrance/exit, two rear exits/entrances, one 47 x 20 walk-in cooler, employee breakroom, rear storage and work area and front office all on one floor.

Hearing will be held remotely on Tuesday, June 9, 2020 at Town Hall, 1146 Route 28, South Yarmouth. The Selectmen's meeting begins at 6:00pm.

Written comments will be accepted until 4:30 pm, Friday, June 5, 2020 in the Selectmen's office at Town Hall via the drop box or can be submitted electronically to: [publiccomment@yarmouth.ma.us](mailto:publiccomment@yarmouth.ma.us). Please see the posted agenda on the Town website 48 hours prior to the meeting for further instructions on electronic participation.

Please bill the applicant for the ad:

Margo G. O'Brien



YARMOUTH/SEL/YARMOUTH WINE & SPIRITS  
LEGAL NOTICE  
TOWN OF YARMOUTH  
BOARD OF SELECTMEN  
TRANSFER OF LIQUOR LICENSE HEARING

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The License is being transferred from Yarmouth Wine & Spirits, LLC dba Yarmouth Wine & Spirits, Frank Manoli, manager.

The premises, located at 484 H Station Avenue, South Yarmouth is an end unit containing 8,960 square feet with one front customer entrance/exit, two rear exits/entrances, one 47 x 20 walk-in cooler, employee breakroom, rear storage and work area and front office all on one floor.

Hearing will be held remotely on Tuesday, June 9, 2020 at Town Hall, 1146 Route 28, South Yarmouth. The Selectmen's meeting begins at 6:00pm.

Written comments will be accepted until 4:30 pm, Friday, June 5, 2020 in the Selectmen's office at Town Hall via the drop box or can be submitted electronically to: [publiccomment@yarmouth.ma.us](mailto:publiccomment@yarmouth.ma.us). Please see the posted agenda on the Town website 48 hours prior to the meeting for further instructions on electronic participation.

AD#13891670  
The Register 5/28/20

# TOWN OF YARMOUTH TRANSFER OF LICENSE CHECKLIST

**FILING FEE: \$105.00**  
Payable to Town of Yarmouth

Hearing required: Yes X No \_\_\_  
Legal Ad in newspaper  
10 days prior Yes X No \_\_\_

Notify Abutters: Yes \_\_\_ No X

**FILL OUT AN APPLICATION (AND ALL OTHER REQUIRED DOCUMENTS)  
FOR A TRANSFER OF LICENSE ONLINE AT: [www.mass.gov/abcc](http://www.mass.gov/abcc)**

## LOCAL LICENSING AUTHORITY REQUIREMENTS:

- N/A* • Copy of variance or special permit granted by the Board of Appeals (if applicable)
- N/A* • Copy of Site Plan Review meeting notes (if applicable)
- N/A* • Copy of Business Certificate issued by the Town Clerk's office
- ✓* • Copy of legal right to occupy, lease agreement or deed
- ✓* • Copy of purchase and sale agreement
- ✓* • Proof that all water bills, real estate and personal property taxes for the premises are current
- N/A* • Copy of insurance certificate supporting minimum amount of **legal liquor liability insurance** coverage. (Chapter 116 of the Acts of 2010) **APPLIES TO SECTION 12 LICENSES ONLY**
- ✓* • Copy of workers compensation insurance certificate
- ✓* • Copy of vote of the corporate board appointing a manager of record on the license
- ✓* • Resume of manager of record
- ✓* • List of assistant managers or persons who will be in charge of the premise in the manager's absence
- ✓* • Copy of TIPS, TAMS, SERVE SAFE OR AIM training certificate for the manager of record
- ✓* • Contact made with Yarmouth Police licensing agent to review licensee Rules & Regulations
- N/A* • Copy of menu (if applicable) *MON - SAT.* *Sunday*
- ✓* • Days and hours of alcohol service on the premises *8:AM - 11PM.* *10 AM - 11 PM*
- ✓* • Detailed floor and seating plan(s) showing dimensions of all rooms, entrance(s), exit(s), liquor storage, service bar and location of entertainment (if applicable). Show tables and chairs in dining area(s) and a total number of seats. Also show outdoor service area with seating (if applicable)
- ✓* • A legal notice advertising the hearing to be published at least ten (10) days prior to the hearing

**NOTE:** If you wish to secure an entertainment license, it is to your advantage to have these two hearings at the same time to avoid an additional \$65.00 hearing fee.

The legal advertisement fee will be billed to the applicant. This fee has to be paid before issuance of the license(s).



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

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

**1. TRANSACTION INFORMATION**

- Transfer of License
- Alteration of Premises
- Change of Location
- Management/Operating Agreement
- Pledge of Inventory
- Pledge of License
- Pledge of Stock
- Other
- Change of Class
- Change of Category
- Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Yarmouth Wine & Spirits, LLC to transfer All Alcoholic Beverages License to Ocean Shores Corporation.

**2. LICENSE CLASSIFICATION INFORMATION**

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="Off-Premises-15"/>	<input type="text" value="\$15 Package Store"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="Annual"/>

**3. BUSINESS ENTITY INFORMATION**

The entity that will be issued the license and have operational control of the premises.

Current or Seller's License Number  FEIN

Entity Name

DBA  Manager of Record

Street Address

Phone  Email

Add'l Phone  Website

**4. DESCRIPTION OF PREMISES**

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

484H Station Avenue (End Unit) Containing 8,960 sq.ft. One front customer entrance/exit. Two rear exits/entrances. One 47 x 20 Walk-in cooler. Employee breakroom. Rear storage and work area. Front office. All on one floor.

Total Sq. Footage	<input type="text" value="8,960"/>	Seating Capacity	<input type="text" value="N/A"/>	Occupancy Number	<input type="text" value="N/A"/>
Number of Entrances	<input type="text" value="3"/>	Number of Exits	<input type="text" value="3"/>	Number of Floors	<input type="text" value="1"/>

**APPLICATION FOR A TRANSFER OF LICENSE**

**5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST**

Transferor Entity Name  By what means is the license being transferred?

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
<input type="text" value="Frank R. Manoli"/>	<input type="text" value="Manager"/>	<input type="text" value="100%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST**

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLC Members, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:  
**On Premises (E.g. Restaurant/Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;  
**Off Premises (Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal  Residential Address  SSN  DOB

Title and or Position  Percentage of Ownership  Director/LLC Manager  Yes  No US Citizen  Yes  No MA Resident  Yes  No

Name of Principal  Residential Address  SSN  DOB

Title and or Position  Percentage of Ownership  Director/LLC Manager  Yes  No US Citizen  Yes  No MA Resident  Yes  No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/LLC Manager  Yes  No US Citizen  Yes  No MA Resident  Yes  No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/LLC Manager  Yes  No US Citizen  Yes  No MA Resident  Yes  No

**APPLICATION FOR A TRANSFER OF LICENSE**

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)**

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**  
 Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.  Yes  No

**6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**  
 Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Ocean Shores Corporation	Package Store	Cotuit Liquors	Barnstable

**6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**  
 Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
VMO Associates, Inc.	Package Store	Empire Wine & Spirits	Kingston
Trio Wine Company	Wholesale	Trio Wine Company	W. Bridgewater

## APPLICATION FOR A TRANSFER OF LICENSE

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?  
Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

### 7. CORPORATE STRUCTURE

Entity Legal Structure

Corporation

Date of Incorporation

03/13/1996

State of Incorporation

Massachusetts

Is the Corporation publicly traded?

 Yes No

### 8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name

Linear Retail Yarmouth #1 LLC

Landlord Phone

781-202-3549

Landlord Email

jsteffano@linearretail.com

Landlord Address

5 Burlington Woods Drive, Burlington, MA 01803

Lease Beginning Date

05/01/2019

Rent per Month

\$20,160.00

Lease Ending Date

04/30/2029

Rent per Year

\$241,920

Will the Landlord receive revenue based on percentage of alcohol sales?

 Yes  No

### 9. APPLICATION CONTACT

The application contact is the person who the licensing authorities should contact regarding this application.

Name:

John W. Kenney, Esquire

Phone:

508-771-9300

Title:

Attorney

Email:

john@jwkesq.com

**APPLICATION FOR A TRANSFER OF LICENSE**

**10. FINANCIAL DISCLOSURE**

A. Purchase Price for Real Estate	-0-
B. Purchase Price for Business Assets	1,800,000.00
C. Other* (Please specify)	-0-
D. Total Cost	1,800,000.00

\*Other: (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

**SOURCE OF CASH CONTRIBUTION**

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Daniel J. O'Brien & Margo G. O'Brien	\$100,000.00
Total:	\$100,000.00

**SOURCE OF FINANCING**

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
Cape Cod Five	\$ 700,000.00	Commercial loan	<input type="radio"/> Yes <input checked="" type="radio"/> No
Yarmouth Wine & Spirits, LLC	\$1,000,000.00	Seller financing	<input checked="" type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

**FINANCIAL INFORMATION**

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

Buyer to pay \$100,000 in deposit funds; receive \$700,000 in bank financing from Cape Cod Five Cents Savings Bank; and Seller financing the remaining \$1,000,000 with a promissory note from Buyer to Seller, to be paid in 15 years with interest of 4% per annum, to be secured against the assets sold.

**11. PLEDGE INFORMATION**

Please provide signed pledge documentation.

Are you seeking approval for a pledge?  Yes  No

Please indicate what you are seeking to pledge (check all that apply)  License  Stock  Inventory

To whom is the pledge being made? Cape Cod Five Cents Savings Bank

## 12. MANAGER APPLICATION

### A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name  Date of Birth  SSN

Residential Address

Email  Phone

Please indicate how many hours per week you intend to be on the licensed premises

### B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?\*  Yes  No \*Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime?  Yes  No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

### C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
05/96	Present	Co-Owner	Ocean Shores Corporation	Daniel J. O'Brien

### D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of per jury that the information I have provided in this application is true and accurate:

Manager's Signature  Date

### 13. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

Yes  No

If yes, please fill out section 13.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

**IMPORTANT NOTE:** A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

### 13A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

#### CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

Yes  No

If yes, attach an affidavit providing the details of any and all convictions.

### 13B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 13A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**13C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 13A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**13D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

Has any individual or entity identified in question 13A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

**13E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Have any of the disclosed licenses listed in question section 13B, 13C, 13D ever been suspended, revoked or cancelled?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

**13F. TERMS OF AGREEMENT**

- a. Does the agreement provide for termination by the licensee? Yes  No
- b. Will the licensee retain control of the business finances? Yes  No
- c. Does the management entity handle the payroll for the business? Yes  No

d. Management Term Begin Date  e. Management Term End Date

- f. How will the management company be compensated by the licensee? (check all that apply)
- \$ per month/year (indicate amount)
  - % of alcohol sales (indicate percentage)
  - % of overall sales (indicate percentage)
  - other (please explain)

**ABCC Licensee Officer/LLC Manager**

Signature:   
 Title:   
 Date:

**Management Agreement Entity Officer/LLC Manager**

Signature:   
 Title:   
 Date:

## APPLICANT'S STATEMENT

I, Margo G. O'Brien the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory  
of Ocean Shores Corporation  
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature: Margo G. O'Brien

Date: 4/24/20

Title: President



## ADDENDUM A

### 6. PROPOSED OFFICER, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed)
<input type="text" value="Ocean Shores Corporation"/>	<input type="text" value="N/A"/>

Name of Principal	Residential Address	SSN	DOB
<input type="text" value="Margo G. O'Brien"/>	<input type="text" value="[REDACTED]"/>	<input type="text" value="[REDACTED]"/>	<input type="text" value="[REDACTED]"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text" value="President"/>	<input type="text" value="50%"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text" value="Daniel J. O'Brien"/>	<input type="text" value="[REDACTED]"/>	<input type="text" value="[REDACTED]"/>	<input type="text" value="[REDACTED]"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text" value="Treasurer and Secretary"/>	<input type="text" value="50%"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**CRIMINAL HISTORY**

Has any individual identified above ever been convicted of a State, Federal or Military Crime?  
If yes, attach an affidavit providing the details of any and all convictions.

<input type="radio"/> Yes <input checked="" type="radio"/> No
---

# MARGO O'BRIEN

---

## **EXPERIENCE**

**MAY 1996 - PRESENT**

**OWNER/PRESIDENT – COTUIT LIQUORS**

- Opening and closing the store
- Managing personnel
- Human Resources
- Purchasing
- Accounts Payable
- All aspects of running a liquor store from open to close.

## **EDUCATION**

**MAY 1991**

**BS – MANAGEMENT – BENTLEY COLLEGE**

**JUNE 1986**

**BELMONT HIGH SCHOOL**

## **SKILLS**

- MICROSOFT OFFICE – EXCEL, WORD, PUBLISHER
- QUICKBOOKS ACCOUNTING
- SOCIAL MEDIA – FACEBOOK, INSTAGRAM, CONSTANT CONTACT



# TOWN OF YARMOUTH

1146 Route 28 South Yarmouth MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 268 - Fax (508) 398-0836

RECEIVED

MAY 28 2020

LICENCES & PERMITS  
TOWN OF YARMOUTH

## PACKAGE STORE LICENSE TRANSFER

May 21, 2020

APPLICATION FOR: Ocean Shores Corporation dba Yarmouth Wine & Spirits

NAME OF APPLICANT: Margo O'Brien, manager

Contact person: Atty. John Kenney  
john@jwkesq.com

ADDRESS: 484H Station Ave., South Yarmouth

Application is for a transfer of license (ownership) from Yarmouth Wine & Spirits LLC to Ocean Shores Corporation.

No proposed changes to the structure or layout of the store.

NAME OF PROPERTY OWNER: Linear Retail Yarmouth #1 LLC

Date of Selectmen Hearing Tuesday, June 9, 2020.

---

Health Department Comments:

New owner must apply for Retail Food and Tobacco Permit.

I have attached Yarmouth Tobacco Regulations to this sign off for the new owner review.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NEED COMPLETED FORM BY MONDAY, JUNE 1, 2020



# TOWN OF YARMOUTH

1146 Route 28 South Yarmouth MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 268 - Fax (508) 398-0836

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No proposed changes to the structure or layout of the store.

NAME OF PROPERTY OWNER: Linear Retail Yarmouth #1 LLC

Date of Selectmen Hearing Tuesday, June 9, 2020.

Building Department Comments:  
Allowed use per Use Table 202.5.  
Requires a Use & Occupancy permit

Signature:  Date: 5/21/2020

Accessibility: Front door ramp:  Yes  No Alternate door ramp  Yes  No

Wheelchair accessible bathroom Male:  Yes  No Female  Yes  No

NEED COMPLETED FORM BY MONDAY, JUNE 1, 2020



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM

**APPLICATION FOR AMENDMENT-Pledge of Collateral**

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

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> New License                                   | <input type="checkbox"/> Change of Location  | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp/ LLC)          |
| <input checked="" type="checkbox"/> Transfer of License                | <input type="checkbox"/> Alteration of Licensed Premises   | <input type="checkbox"/> Change of License Type (i.e. club/ restaurant)   | <input checked="" type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager                             | <input type="checkbox"/> Change Corporate Name   | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement                       |
| <input type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                                      |
|  | <input type="checkbox"/> Other <input type="text"/>  |   | <input type="checkbox"/> Change of DBA  |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

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



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

**APPLICATION FOR AMENDMENT-Pledge of Collateral**

**Pledge of License**     **Pledge of Stock**     **Pledge of Inventory**

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Pledge of License, Stock or Inventory Application
- Pledge documentation
- Promissory note
- Vote of the Entity
- Payment Receipt

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Ocean Shores Corporation	Yarmouth	

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the Intended theme or concept of the business operation.

Applicant is seeking to apply for a transfer of the All Alcoholic Beverages license from Yarmouth Wine & Spirits, LLC to Ocean Shores Corporation. Other than change in ownership, there are no changes anticipate in the business operation.

**APPLICATION CONTACT**

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
John W. Kenney, Esquire	Attorney	john@jwkesq.com	508-771-9300

**2. AMENDMENT-Pledge Information**

**Pledge of License**

To whom Is the pledge being made:

Ocean Shores Corporation

**Pledge of Inventory**

**Pledge of Stock**

**3. FINANCIAL DISCLOSURE**

**SOURCE OF FINANCING**

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
Daniel J. & Margo G. O'Brien	\$100,000.00	Deposit paid by Buyer	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cape Cod Five	\$700,000.00	Bank financing	<input type="radio"/> Yes <input checked="" type="radio"/> No
Yarmouth Wine & Spirits, LLC	\$1,000.00.00	Seller financing	<input checked="" type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

**FINANCIAL INFORMATION**

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

Buyer to pay \$100,000 in deposit funds; receive \$700,000 in bank financing; and Seller to finance the remaining \$1,000,000 by a promissory note from Buyer to Seller, to be paid in 15 years with interest at 4% per annum, to be secured against the assets sold.

**APPLICANT'S STATEMENT**

I, Margo G. O'Brien the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory  
of Ocean Shores Corporation  
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the Information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature: Margo G. O'Brien

Date: 4/24/20

Title: President



*Wynn (hand)*



Commonwealth of Massachusetts  
Department of Revenue  
Ordway E. Seaman, Commissioner

Form DR-1290A(5/16)  
Notice Date: April 15, 2020  
Class ID: 0-000-000-000

**CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE**

YARMOUTH WINE & SPIRITS LLC  
440 EASTON AVE  
YARMOUTH MA 02064

[Redacted]

As of the date of this certificate, YARMOUTH WINE & SPIRITS LLC is in good standing under Chapter 60C of the Massachusetts General Laws.

The taxpayer is not delinquent in any state or federal taxes, such as unemployment insurance, or taxes under any other provisions of the Massachusetts General Laws.

Yarmouth Wine & Spirits LLC  
440 Easton Ave  
Yarmouth, MA 02064

[Redacted]

[Redacted]

[Redacted]

*Robert [unclear]*



*The Commonwealth of Massachusetts  
Secretary of the Commonwealth  
State House, Boston, Massachusetts 02125*

April 11, 2020

**ATTENTION CONCERN:**

has a certificate of organization as a Limited Liability Company was

**SMOOTH WINE & SPIRITS, LLC**

under the provisions of the Massachusetts General Laws Chapter 156C, as amended

has not filed all annual reports due and  
has not filed its annual report for the year ending under the  
provisions of the Massachusetts General Laws Chapter 156C, as amended. The  
annual reports for the year ending under the provisions of the  
Massachusetts General Laws Chapter 156C, as amended, which are  
currently pending under the provisions of the Massachusetts  
General Laws Chapter 156C, as amended, are: FRANK

FRANK

FRANK

FRANK



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Charles D. Baker  
GOVERNOR

Karyn E. Polito  
LT. GOVERNOR



203604598

Rosalin Acosta  
SECRETARY

Richard A. Jeffers  
DIRECTOR

YARMOUTH WINE & SPIRITS LLC  
484H STATION AVENUE  
SOUTH YARMOUTH, MA 02864

EAN: 60075110  
May 04, 2020

Certificate Id:37726

The Department of Unemployment Assistance certifies that as of 5/4/2020 ,YARMOUTH WINE & SPIRITS LLC is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires in 30 days from the date of issuance.

Richard A. Jeffers, Director

Department of Unemployment Assistance

## CERTIFICATE OF CORPORATE VOTE

We, Margo G. O'Brien and Daniel J. O'Brien, do hereby certify that Margo G. O'Brien is the President of Ocean Shores Corporation, and Daniel J. O'Brien is the Treasurer and Clerk of Ocean Shores Corporation, and that at a joint special meeting of the Board of Directors and Shareholders of the corporation duly called and held at 1550 Falmouth Road, Suite 12, Centerville, Massachusetts on the 24<sup>th</sup> day of April, 2020, all the Directors and Shareholders being present and voting at all times, the following resolutions were unanimously adopted:

VOTED: That either the President, Margo G. O'Brien, and/or the Treasurer, Daniel J. O'Brien, are authorized and empowered to sign, seal, acknowledge and deliver, in the name of and on behalf of the Corporation any and all documents deemed reasonably necessary to effectuate the purchase of the assets of the business known as Yarmouth Wine & Spirits, doing business at 484H Station Avenue, South Yarmouth, Massachusetts, from Yarmouth Wine & Spirits, LLC, for the sum of \$1,800,000.00, pursuant to an Asset Purchase Agreement dated February 27, 2020.

VOTED: That either the President, Margo G. O'Brien, and/or the Treasurer, Daniel J. O'Brien, are authorized and empowered to sign, seal, acknowledge, and deliver, in the name of and on behalf of the Corporation, any and all loan documents necessary to effectuate a loan in the original principal amount of \$700,000.00 to be secured by a lien on all business assets of Ocean Shores Corporation from The Cape Cod Five Cents Savings Bank in connection with the acquisition of the assets of Yarmouth Wine & Spirits, LLC.

WE DO FURTHER CERTIFY that the above Vote has not been altered, amended, rescinded or repealed.

WE DO FURTHER CERTIFY that the corporation is a duly organized corporation; that the foregoing Vote is in accordance with the Articles of Organization and By-Laws of the corporation; that Margo G. O'Brien is the duly elected and qualified President of the corporation and that Daniel J. O'Brien is the Treasurer and Clerk of the corporation.

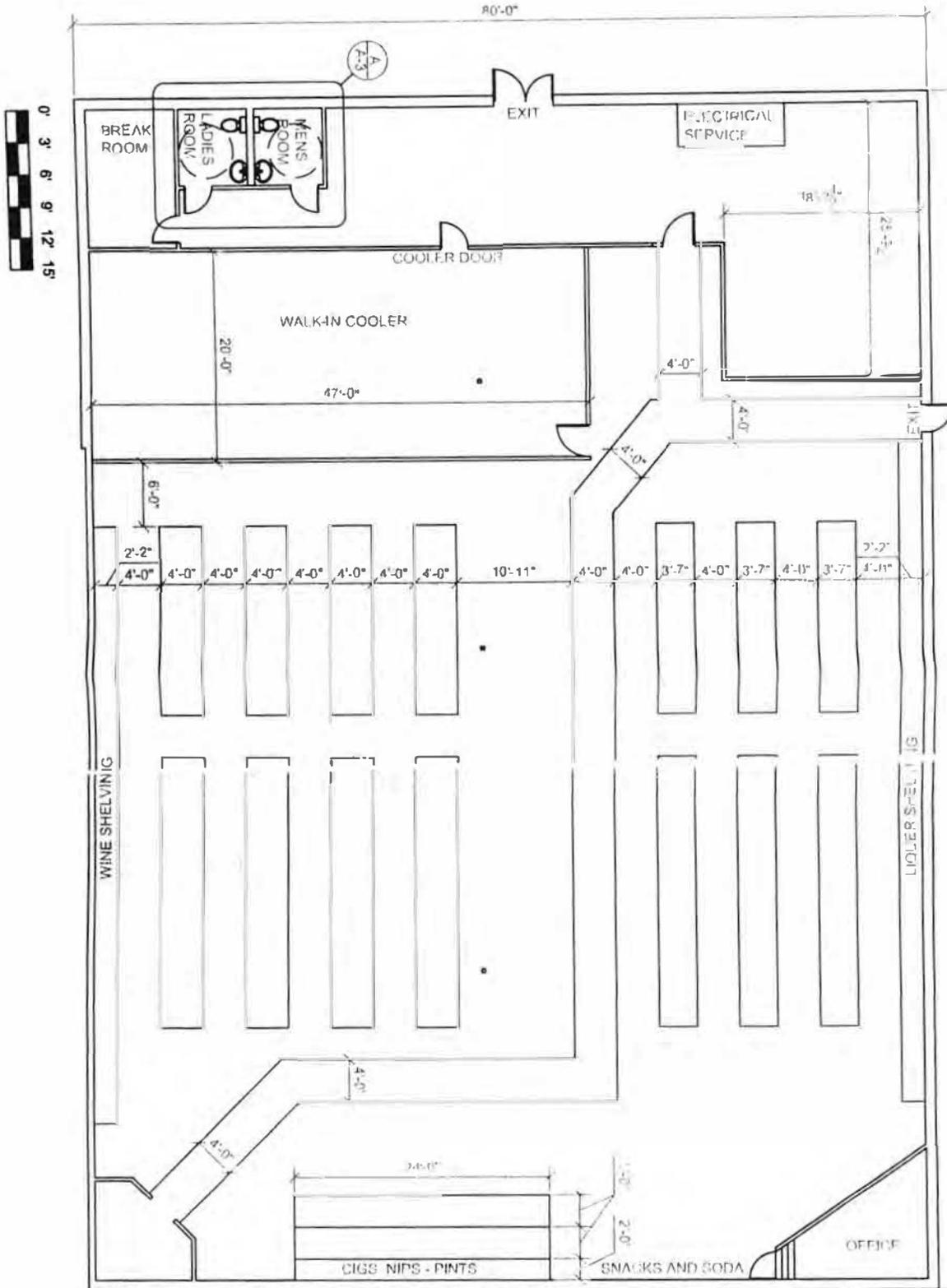
Dated at Centerville, Massachusetts this 24<sup>th</sup> day of April, 2020.

Attest:

  
Daniel J. O'Brien, Treasurer and Clerk

A true copy

ATTEST Margo G. O'Brien  
Margo G. O'Brien, President



**Layout Plan**

VERSION 1

DATE: 02.04.09

DRAWN BY:  
W. MaAurl

SCALE:  
3/32" = 1'-0"

**YARMOUTH WINE & SPIRITS**  
**80 YARMOUTH SHOPPING CENTER**  
**474 STATION AVE., SOUTH YARMOUTH, MA**

**A-2**

SPACE PLAN

← 80 FT →

EXIT

ELECTRICAL SERVICE

Break Room

Ladies Room

MEN'S Room

Closet

Cooler Door

WALK-IN COOLER

Back Room

20 FT

47 FT

6 FT

EXIT

← 112' →

26" WINE SHELVING

4 FT

43"

4 FT

43"

4 FT

43"

4 FT

26"

4 FT

4 FT

4 FT

4 FT

4 FT

43"

43"

43"

26" LIQUOR SHELVING

ICE COOLER

4 FT

CIGS NIPS - PILTS

SNACKS & SODA

Office



# TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 1276, Fax (508) 398-2365

Planning  
Division

## MEMORANDUM

To: Board of Selectmen  
Dan Knapik, Town Administrator

CC: Planning Board  
Mark Grylls, Building Commissioner

From: Kathy Williams, Town Planner

Date: March 11, 2020

Subject: Board of Selectmen – Revised Fundraising/Special Event Sign Policy

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As you may recall, the Planning Board proposed amendments to the Sign Bylaw at the October 29, 2019 Special Town Meeting (STM) to make it easier for event promoters to have temporary signs for special events on town-owned land for *for-profit* entities. Although temporary signs for special events are allowed for religious, civic and non-profit organizations, *for-profit* ventures like the Country Fest at the former Drive-In Site were not eligible for the larger 32 square foot (sf) Community Event Sign. As the Town wants to promote these types of events on town-owned property, the zoning amendments specifically allowed for larger signs for Temporary Outdoor Recreation on town owned land if approved by the Board of Selectmen (BOS) through the Use of Town Owned Property application process. Please see the attached Article 5 which was recently approved by the Attorney General's office.

Hand in hand with these zoning amendments are needed modifications to the Board of Selectmen (BOS) Community Event Sign Policy. These amendments, and renaming of the Policy to Fundraising/Special Event Sign Policy, were presented to the Board of Selectmen last fall in preparation for the zoning amendment at STM. A redlined version of the proposed Fundraising/Special Event Sign Policy has been attached and includes minor clarifications highlighted in yellow which were added since the BOS last saw the Policy. A clean copy of the final version of the proposed Fundraising/Special Event Sign Policy has also been attached.

Please let us know if you would like to discuss this policy further with the Planning Board or whether the Policy can be approved through a Consent Agenda item.

### ATTACHMENTS

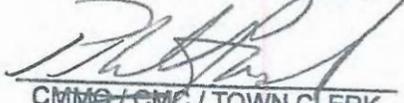
- 2019 STM Certified Article 5 – Signs
- REVISED Board of Selectmen (BOS) Fundraising/Special Event Sign Policy
- REDLINES of BOS Fundraising/Special Event Sign Policy



# TOWN OF YARMOUTH

OFFICE OF THE TOWN CLERK  
1146 ROUTE 28, SOUTH YARMOUTH, MA 02664  
TELEPHONE 508-398-2231 FAX 508-760-4842

A TRUE COPY ATTEST:

  
CMMS / CMC / TOWN CLERK

## SPECIAL TOWN MEETING OCTOBER 29, 2019

**ARTICLE #5:** To see if the Town will vote to modify the sign regulations by amending Section 303 – Signs, of the Zoning Bylaw, as follows, or take any other action relative thereto:

1. Amend Section 303.3.6 – Off-Premise Signs, by replacing the text “*Off-Premise*” with new text “*Off-Premises*” and replacing text “303.4.1.1 and 303.4.1.3.1,” with new text “303.4.1” as shown:

303.3.6 *Off-Premises* Signs. Except as indicated in Sections 303.4.1 and 303.4.2 below, no off-premise signs will be allowed.

2. Amend Section 303.4.1.1 – Religious, Civic and Non-profit Organizations, by deleting in its entirety and replacing with new text as shown:

*303.4.1.1 Religious, Civic and Non-profit Organizations. On premises temporary signs will be allowed to advertise fundraising and special events. Signs must meet the size, duration and other requirements outlined in the Selectmen’s Fundraising/Special Event Sign Policy. Off-premises temporary signs to promote special events may be allowed as described in the Selectmen’s Fundraising/Special Event Sign Policy. A permit from the Building Commissioner is required, but no fee will be charged.*

3. Amend Section 303.4 – Signs Allowed In All Zoning Districts, by adding the following new text after Paragraph 303.4.1.1 as shown, and renumbering the remaining paragraphs:

*303.4.1.2 Special Event Signs for Temporary Outdoor Recreation: One on premises Special Event Sign may be allowed for events meeting the definition of Temporary Outdoor Recreation that are to be located on Town owned Land and for which approval has been obtained through application to the Town Administrator’s office for Use of Town-Owned Property. Signs must meet the size, duration, and other requirements outlined in the Selectmen’s Fundraising/Special Event Sign Policy. Off premises temporary signs to promote special events may be allowed as described in the Selectmen’s Fundraising/Special Event Sign Policy. A permit from the Building Commissioner is required, but no fee will be charged.*

4. Amend Section 303.4 – Signs Allowed In All Zoning Districts, by amending the newly renumbered Paragraph 303.4.1.3 by adding new text as shown:

303.4.1.3 Commercial. A business will be allowed not more than one additional temporary sign annually for the purpose of advertising a grand opening, anniversary sale, or other special *commercial* event. Signs which exceed eighteen (18) square feet in area will not be allowed. Temporary signs may be displayed for up to fourteen (14) consecutive days and may apply for one renewal. The location of temporary signs must be approved by the Building Commissioner. A permit from the Building Commissioner is required and a fee will be charged.

5. Amend Section 303.4.2.4 – Community Information Board (CIB), by deleting the text “two” in the second to last sentence and replacing with new text “*three (3)*” and adding new text as shown:

303.4.2.4 Community Information Board (CIB) – CIBs shall be allowed on municipally owned property for the purpose of public education of events and activities of a non-commercial nature *or for Special Events for Temporary Outdoor Recreation per Section 303.4.1.2*. The sign shall not exceed thirty two (32) square feet and may contain a National/Regional Advertising Emblem indicating the donor of the CIB sign. The Emblem is not to exceed 3 square feet, or 20 percent of the gross area of the CIB, whichever is less. A maximum of *three (3)* CIBs, at any one time, shall be permitted in the Town of Yarmouth. For the purpose of this Bylaw, a CIB shall not be considered as a second freestanding sign.

6. Amend Section 303.8.5 – Fees, by adding new text as shown:

303.8.5 Fees. Fees for sign permits shall be determined by the Board of Selectmen. No fee is required for signs not requiring permits per Section 303.8.3, accessory signs, Public Service signs, On-premises Directional signs, and temporary and off-premise signs for religious, civic and nonprofit organizations *or for Special Event Signs for Temporary Outdoor Recreation*.

## **2/3 Vote Required**

Ms. Post made a motion that was duly made and seconded to move Article 5 as printed in the warrant.

Article 5 passed unanimously.

**POLICY TITLE:** FUNDRAISING/SPECIAL EVENT SIGN POLICY

**POLICY CODE AND NUMBER:** 10-2

**DATE:** May 25, 2010 Adopted, Revised xx/xx/2020

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The Applicant agrees to abide by the terms of these regulations and Section 303.4 of the Yarmouth Zoning Bylaw. Sign permits may be revoked at any time for any infraction of the Zoning Bylaw, these regulations and others adopted by the Board of Selectmen. This policy shall be administered and enforced by the Building Department.

**A. SINGLE FREE STANDING TEMPORARY FUNDRAISING/SPECIAL EVENT SIGN – ON PREMISES**

1. Size is limited to thirty-two (32) square feet. If double faced (two sided), only one side will be counted for the measurement. Larger sizes may be allowed by the Board of Selectmen. Applicants must petition the Board of Selectmen to request approval of signs larger than thirty-two square feet.
2. The number is limited to one temporary on-premises sign at any one time.
3. The setback for all signs is 6 feet from the property line except when the Building Commissioner determines that the sight distance is obstructed.
4. Non-profit Fundraising campaign signs may be installed for up to three (3) months. Applicants may apply for renewal through the Building Department.
5. Special Event Signs may be installed for up to twenty-one (21) days prior to the event and must be removed within 2 days of the completion of the event.
6. Applicants for Special Event Signs for events held on Town-owned property must obtain approval from the Board of Selectmen through the Use of Town-Owned Property Application process prior to erecting the sign.
7. Internal illumination, moving parts, or the appearance of moving parts is prohibited.

**B. MULTIPLE TEMPORARY DIRECTIONAL OR INFORMATION SIGNS – OFF PREMISES**

1. Size is limited to six (6) square feet. If double faced (two sided), only one side will be counted for the measurement.
2. A maximum number of signs shall be determined by the Building Department, but in no case greater than 10.
3. Location of such signs must have the approval of the property owner, even in the case of the Town or the Massachusetts Department of Transportation (MassDOT). Proof of permission is required with the application.

4. Such permitted signs may be installed for up to three calendar days at any time. Such signs may be reinstalled at various intervals except such intervals may not be co-terminus.
5. Internal illumination, moving parts, or the appearance of moving parts is prohibited.

**POLICY TITLE:** COMMUNITY FUNDRAISING/SPECIAL  
EVENT SIGN POLICY  
DRAFT #5 – March 4, 2020

**POLICY CODE AND NUMBER:** 10-2

**DATE:** May 25, 2010 Adopted, Revised xx/xx/2020

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The ~~a~~Applicants agrees to abide by the terms of these regulations and Section 303.4 of the Yarmouth Zoning Bylaw. must fill out a Use of Town Property Application when applying for a Community Event Sign Permit. ~~Community Event~~ Sign permits may be revoked at any time for any infraction of the Zoning Bylaw, these regulations and others adopted by the Board of Selectmen. This policy shall be administered and enforced by the Building Department.

**A. SINGLE FREE STANDING ALONE TEMPORARY FUNDR RAISING/SPECIAL EVENT SIGNS – ON PREMISES**

1. Size is limited to thirty-two (32) square feet. If double faced or (two sided), only one side will be counted for the measurement. Larger sizes may be allowed by the Board of Selectmen. Applicants must petition the Board of Selectmen to request approval of signs larger than thirty-two square feet.
- 1.2. The number is limited to one temporary on-premises sign at any one time.
- 2.3. The setback for all signs is 6 feet from the property line except when the Building Commissioner determines that the sight distance is obstructed.
4. ~~Such permitted~~ Non-profit Fundraising campaign signs may be installed for up to three (3) twelve (12) months or until the advertised event or campaign is completed. Applicants may apply for renewal If the length of installation is over twelve months renewal must be applied and approved through the Building Department.
5. Special Event Signs may be installed for up to twenty-one (21) days prior to the event and must be removed within 2 days of the completion of the event.
- 3.6. Applicants for Special Event Signs for events held on Town-owned property must obtain approval from the Board of Selectmen through the Use of Town-Owned Property Application process prior to erecting the sign.
4. ~~Content of the sign(s) must be non-political and must be for a non-profit organization.~~
- 5.7. Internal illumination, moving parts, or the appearance of moving parts is prohibited.

**B. MULTIPLE TEMPORARY DIRECTIONAL OR INFORMATION SIGNS – OFF PREMISES**

1. Size is limited to ~~twelve (12)~~six (6) square feet. If double faced ~~or (two sided)~~, only one side will be counted for the measurement.
2. A maximum number of signs shall be determined by the Building Department, ~~but in no case greater than 10.~~
3. Location of such signs must have the approval of the property owner, even in the case of the Town or ~~State~~ the Massachusetts Department of Transportation (MassDOT) DPW. ~~Proof of permission is required with the application.~~
4. Such permitted signs may be installed for up to three calendar days at any time. Such signs may be reinstalled at various intervals except such intervals may not be co-terminus.
5. ~~Content of the sign(s) must be non-political and must be for a non-profit organization.~~
- 6.5. Internal illumination, moving parts, or the appearance of moving parts is prohibited.

**TOWN OF YARMOUTH**  
424 Route 28, West Yarmouth, MA 02673  
Phone: (508) 398-2231 x.1610 & x.1520

Department of  
Natural Resources  
&  
Department of  
Recreation

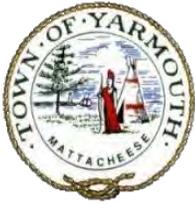
To: Daniel M. Knapik, Town Administrator  
From: Karl Van Hone, DNR Director  
Aimee Howell, Assistant Recreation Director  
Date: June 3, 2020  
Re: Shark Response Plan

Please find attached the Town of Yarmouth Shark Response Plan. This comprehensive plan was a collaboration across departments starting last summer and finalized this year.

We are requesting your approval to implement this plan in the event of a shark occurrence on Yarmouth beaches this summer. We would like to have this approval finalized to give us adequate time to officially train our staff for this upcoming summer season.

Thank you.

Attachments



# Town of Yarmouth, Massachusetts

## Shark Sighting and Shark Attack Policy

### Introduction

The Town of Yarmouth is committed to providing a safe environment for recreational activities at Town beaches and parks. The risk to the safety of the public from marine life (sharks, seals, jellyfish, etc.) is low but ever present. Confirmed sightings of white sharks in Cape Cod Bay and Atlantic Ocean along the outer cape from Provincetown to the Southern tip of Monomoy Island have been regularly reported over the years, however interactions with humans are extremely rare. Growing gray seal populations have contributed to white sharks venturing closer to shore where the chance of encounters with humans increase. The presence and behavior of sharks are unpredictable, and the Town cannot guarantee the safety of all who choose to go into the water; however, the Town will put measures into place that decrease the risks.

The Town will educate the public about the risks, and put safety procedures into place including fully evaluating reports of sharks and notifying all departments and divisions to take action to increase the safety of the public. Temporary closures of Town beaches following sightings will be implemented to reduce the risk of human injury. All Town departments and divisions shall work cooperatively with each other, and with other municipalities and state agencies to provide mutual support and assistance to achieve the goal of safety for the public.

### Partners

- Yarmouth Division of Natural Resources (DNR) ( Natural Resources / Harbormaster)
- Yarmouth Division of Recreation (REC)
- Yarmouth Division of Parks (PARKS)
- Yarmouth Police Department (PD)
- Yarmouth Fire Department (FD)
- Massachusetts Division of Marine Fisheries (DMF)
- (DMF) Massachusetts Environmental Police (EPO)
- Massachusetts State Police (MSP)

### Definitions

Unconfirmed Sighting – a sighting made by an individual that has not received some level of training or does not have significant experience with marine life, or cannot be verified in some way as credible.

Confirmed Sighting – a sighting by a lifeguard, trained Town staff, public safety official, or other highly credible source. It may also be any sighting that is deemed to have a high level of credibility.

Seal Sighting – a sighting of a seal

Injured Seal Sighting – a sighting of a seal with fresh (bleeding) wounds suspected to have been made by a white shark.

Shark Activity Notification List – a predetermined comprehensive list of persons, groups or organizations that shall be alerted upon a confirmed sighting or report of shark activity.

Shark Activity Alert – an immediate notification using the Shark Activity Notification Tree in Appendix B regarding shark activity including confirmed shark sightings and shark attacks.

Natural Resources / Harbormaster Office – the central point of communications for the Town when receiving shark sighting/attack information and performing Shark Activity Alerts and Radio Dispatch Alerts

Radio Dispatch Alert – a radio alert to all beach and public safety radio channels communicating unconfirmed sightings, confirmed sightings and attacks including closure of swimming areas.

Shark Activity Report – a report form providing detailed information that documents a shark sighting or significant activity (see Appendix D).

Paddler – a person in a kayak, canoe, standup paddleboard or similar watercraft.

Standard Operating Procedure - SOP

## **Shark Sightings**

White sharks and sharks in general spend most of their lives completely submerged in the water and rarely surface. This characteristic combined with the dark water and mottled bottom in this area makes it difficult to see white sharks. Adding to the difficulty are several fish species that spend time at the surface that can be confused with a white shark. Basking sharks eat plankton filtered through their gills, and despite being the second largest fish, are not a threat to humans. Ocean sunfish, or *Mola mola*, are large, harmless fish that move their fins up and down to swim. Both of these species spend time at the surface making them more visible than white sharks. Their dorsal fins can be confused with white sharks, but there are differences that can be used to distinguish between the species. These differences are described in Appendix F.

White shark activity can increase in late summer into the fall, but they can be present year round, even in the coldest months. Although they are poikilothermic (cold-blooded), their large size and physiological adaptations allow white sharks to raise their body temperature up to 25°F above water temperature. This ability makes it possible for them to remain in North Atlantic waters even in the winter, although most migrate southward.

Town staff will fill out a Shark Activity Report when they spot a possible shark or evidence of shark activity (including freshly injured seals) or when they receive a report from the public. See Appendix D for a reporting form. Blank reporting forms will be kept in all Natural Resources, Recreation and Harbormaster vehicle and vessels as well at beach guard shacks and Recreation and Natural Resource offices. Forms will be available for all others. The Division of Natural Resources office will serve as the local repository for shark activity reporting forms. All reporting forms, whether confirmed or unconfirmed, will be copied to DMF. Actions and response following a shark activity sighting are detailed in the protocols section.

Shark sightings will be broken into two categories: unconfirmed and confirmed. Categorization of a sighting will depend on the reliability of the observer. Sighting reports from untrained observers will be

unconfirmed sightings unless there is photographic/video evidence allowing the investigator to confirm the sighting, while trained observers will have immediate reliability and reports will be categorized as confirmed sightings.

## **Seals**

Seals, particularly gray seals, are a primary food source for white sharks. Populations declined to the point that gray seals were extirpated from their historic breeding colonies and only one colony was left in existence at Sable Island in Nova Scotia. The Marine Mammal Protection Act of 1975 is a federal law that provides protection for all marine mammals whether or not they are protected under the Endangered Species Act. This law enabled seal populations to recover, and they have been re-colonizing historic breeding sites. Harp and Harbor seals have been in Yarmouth for many years, but the gray seal population has recently begun to increase in Yarmouth waters typically during the winter however, seals are being seen on a more regular basis year round. The increase in the population of their preferred food source, the gray seal, has likely attracted white sharks closer to the shore, increasing sightings and the likelihood of human-shark encounters.

Gray seals have been observed hauling out (resting on the rocks) at Point Gammon and along the beaches primarily during the winter. They have been observed in the water off the swimming beaches on Nantucket Sound, Lewis Bay and Cape Cod Bay as well as in Bass River and Parkers River. As the population increases along the outer cape, it is likely that our water will see an increase. Use of new areas by seals may require increased vigilance and updates to this SOP.

Staying away from areas where seals are present can decrease the chance of an encounter. The Marine Mammal Protection Act (MMPA) requires people to stay at least 150 feet away from seals at all times, whether on land or in the water. Under the Act, it is illegal for any person to “take” a marine mammal, which means to “harass, hunt, capture, or kill, or attempt to harass, hunt, capture, or kill any marine mammal.” The minimum distance set by the MMPA is meant to protect marine mammals. To protect the public from the predators associated with marine mammals, a larger buffer area is necessary to reduce the chance of a person being mistaken for prey. Swimmers and paddlers should avoid seal populations, whether the seals are in the water or hauled out on the shore. Seals may also pose a threat if swimmers, paddle boaters and beach goers get too close causing them to feel threatened which could trigger them to bite, inflicting a serious wound. This is especially likely if it is sick, injured, overheated or exhausted.

## **Shark Sighting/Attack Response Preparedness**

### **Staff Training**

Town staff will be trained to recognize white sharks and be familiar with protocols following sightings. To the extent possible, Natural Resources, Harbormaster, and Recreation staff will be trained by the Division of Marine Fisheries or other identified authority in identification of white sharks. In addition, seasonal staff will be trained by DMF or other identified authority if possible. Town staff will work with DMF to develop a training program that can be presented by DME staff to seasonal staff.

All Town staff that will be involved in responding to shark sightings or bites will need to be familiar with this SOP. Involved staff includes full-time and seasonal, Natural Resources, Harbormaster and Recreation staff, as well as Fire (including dispatch) and Police (including dispatch).

Lifeguards will not enter the water to attempt the rescue of a shark attack victim unless they are in a boat. A paddle board or rescue board will not provide the protection necessary for the lifeguard to safely attempt a rescue.

First Aid training and EMS response will be critical in the event of a shark bite. Natural Resources,

Harbormasters, Beach Supervisors, Life Guards, Police, Fire, are all certified as First Responders or above. In addition to these staff members, seasonal Recreation staff and seasonal Natural Resources/Harbormaster staff will be certified as First Responders to the extent possible. All other full-time and seasonal staff will be trained in First Aid and CPR to the extent possible.

Natural Resource Officers, Harbormasters, Recreation Beach Supervisor and the Recreation Director and Assistant Recreation Director will be trained on operation and proper use of radios to facilitate communication between departments and beaches in the event of a shark sighting or bite.

### **Supplies & Equipment**

A copy of this policy and standard operating procedures with updated contact information and blank reporting forms must be kept in the following locations:

- Natural Resources Office, Vehicles and Harbormaster Boats
- Recreation Office and Vehicles
- Sailing Center
- Yarmouth Beach Guard Shack (at identified beaches)
- Life Guard first Aid Kits
- Police dispatch (Appendix E)
- Fire Dispatch (Appendix E)

### **First Aid**

First aid supplies at staffed beaches will include compresses and bandages for large wounds, as well as tourniquets. All beaches, lifeguards, Harbormaster boats and vehicles, will carry an Automated External Defibrillator (AED), or have immediate access to one.

### **Boats**

Several departments have boats that are available to respond. Shark sightings will be investigated by Natural Resource / Harbormaster personnel. The Harbormaster patrol and Fire boats are available to respond to shark bites. In some cases, the Environmental Police boat may also be available to respond. In addition, each fire station has a small trailered boat that could be used to quickly reach areas where response by patrol boats might be delayed.

### **Emergency Services**

Emergency services (Fire, Police, Natural Resource/Harbormaster, Lifeguards) will respond to the location of the victim by any means necessary. Vehicle restrictions on beaches throughout town allow for EMS vehicle access according to exigent circumstances. Beach staff will temporarily close vehicle access to Yarmouth beaches to non-emergency response vehicles to allow for unobstructed emergency vehicle access. Midflight landing locations will be coordinated between the Fire Departments and Yarmouth Police, and if necessary, the Division of Natural Resources.

### **Communications**

In the event of a shark sighting or attack, communication between all departments and between beaches is essential. Each staffed beach will have a radio programmed with the "559", "DNR" Natural Resources channel, and Fire channels. The Beach Supervisor, Head Lifeguards at staffed Yarmouth beaches and as well as the Natural Resources Officer on duty will each carry a radio. The DNR channel will serve as the working channel for shark sightings. The UHF beach radios will not be able to communicate on marine VHF channels, so the Harbormaster boats will use the DNR channel to communicate with beach staff. The Fire Department will send a notification text to the Shark Activity Notification List. The Fire and

Police channels will facilitate coordination of emergency medical services.

Police and Fire Dispatch are encouraged to use the “Yarmouth Dispatch Shark Activity Report” form. Appendix E.

**Public Education & Shark Activity Notification**

The Town will develop an educational program that will educate the public about white sharks, the risks they pose, and safety information. The program will include a webpage linked to the Town website, a pamphlet, and standard, easy-to-read signage for beaches.

A standard flag system will be used at staffed Yarmouth Beaches to alert the public of confirmed or unconfirmed sightings of sharks at beaches, rivers and bays. The flag system is described below.

For those swimming or boating in locations other than a staffed public beach, the Town will use the Town Web Site to provide alerts to the public. The Town Administrators Office staff will update Web Site (Facebook/Twitter) with shark-related information.

More information about communicating with different user groups can be found below.

**User Groups**

Notifying the public about shark activity will be somewhat challenging given all of the potential user groups that will need access to the information. The different user groups that have been identified and the methods of communication are listed below. Some users may belong to multiple groups.

	Flag System/ Signage	Staff/PA	Web Site Alerts Social Media	Signage
Staffed Public Beach Users	X	X	X	X
Unstaffed Public Beach Users			X	X
Private Beach Users			X	
Lewis Bay Users			X	
Bass River Users			X	
Boaters/Paddlers			X	
Yarmouth Residents			X	

## Signage

Marine Hazard and Shark signs will be posted at each designated marine “Swimming Beach”.

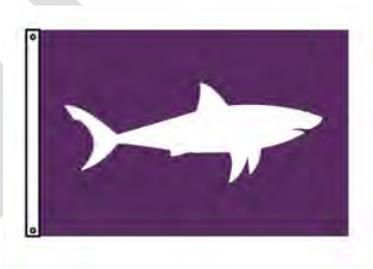


**\*\*\*Signs May Be Posted Separately**

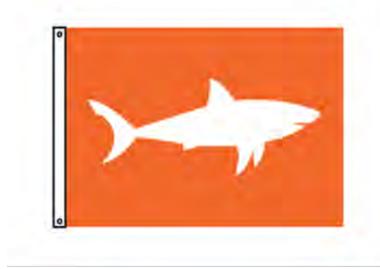
## Flag System

A standard flag system will be used at Staffed Yarmouth Beaches to alert the public to confirmed or unconfirmed sightings of sharks at beaches. Educating the public regarding the meanings of the different flags is essential.

A “Purple” flag with a white silhouette of a shark will be used to indicate that beaches are closed to swimming due to a confirmed shark sighting.



An “Orange” flag with a white silhouette of a shark will be used to indicate an unconfirmed report within the shark activity closure area. Wading is allowed, but use caution.



Flag locations are listed below.

Certain Town staff members have the discretion to upgrade the flag status and implement beach closures if deemed necessary. These staff members include the, Recreation Director, Assistant Recreation Director, Beach Director, Natural Resources Director, Natural Resources Officers, Harbormaster and Assistant Harbormasters, as well as Police and Fire personnel. If a call comes in at the end of the staffed schedule day the investigation will continue and flags will stay in place for the prescribed period weather confirmed or unconfirmed.

### **Beach Signage and Flag Locations**

At Yarmouth staffed beaches the flag system will be used in addition to the safety signage. Purple or Orange flags will be used to indicate shark activity. A purple flag indicates a confirmed sighting and the beach is closed to swimming for a minimum of one hour after the sighting. An orange flag indicates an unconfirmed sighting and only wading will be allowed for a minimum of one half hour (.5hr). A sign explaining the meaning of the different colored flags will be installed at each flag location. Some flag locations are structures that are placed on beaches for the summer season only and may not be available during the off-season.

## TOWN OF YARMOUTH Beach Flag System



**Offshore Wind:**

No floatation devices, ball playing, etc in the water due to the wind direction .



**Confirmed Shark Sighting:**

A purple flag indicates a confirmed sighting and the beach is closed to swimming for a minimum of one hour (1 hr) after the sighting



**Unconfirmed Shark Sighting:**

An orange flag indicates an unconfirmed sighting and only wading will be allowed for a minimum of one half hour (.5hr).

Yarmouth Staffed Beaches (8:30am - 4:00pm) Memorial Day through Labor Day*		Safety Signage	Flag System
Bass River Beach	Recreation guard shack	Y	Y
	Lifeguard chair		Y
South Middle Beach	Recreation guard shack	Y	Y
	Lifeguard chair		Y
Parkers River Beach	Recreation guard shack	Y	Y
	Lifeguard chair		Y
Seaview Beach	Recreation guard shack	Y	Y
	Lifeguard chair		Y
Sea Gull Beach	Recreation guard shack	Y	Y
	Lifeguard chair		Y
Bass Hole Beach	Recreation guard shack	Y	Y
	Lifeguard chair		Y
<b>YARMOUTH UNSTAFFED BEACHES</b>			
Thatcher Beach		Y	
Englewood Beach		Y	
Colonial Acers		Y	
Bayview Beach		Y	

**\*Beaches may be periodically unstaffed due to weather or staff shortages**

## **Communications Between Town Departments**

Following a shark activity sighting, whether unconfirmed, confirmed or an attack, the primary means of communication for beach staff and the Division of Natural Resources/Harbormaster for investigations will be by radio using the DNR channel. The DNR channel will serve as the working channel for shark sightings. The Fire and Police channels will be used to facilitate coordination of emergency medical response and beach closures with those departments. Only the Division of Natural Resources Director, Natural Resources Officers, Assistant Harbormasters and Beach Supervisor will be able to communicate directly with the Police and Fire Departments to prevent unnecessary chatter on their frequency.

Each staffed beach will have a radio programmed with the DNR, and Fire channels. The Beach Supervisor and Head Lifeguards will each carry a radio.

A list of Town staff members that will be notified of shark activity is located in Appendix A. Each department has an initial notification contact who will then notify their department staff as identified in the Shark Activity Notification Response Chart located in Appendix B.

The Police and Fire Department will establish an internal SOP for their dispatchers.

## **Communications by Social Media**

Town Web Site will be updated with public information and all Town Social Media Accounts will be updated with public information

## **Public Information Releases and News Interviews**

The Town Administrator's office will serve as the media contact for shark-related information. The media can also be referred to the Division of Marine Fisheries Shark Research Program.

## **Communicating with Other Town and State Agencies**

Communications with other town and state agencies can be accomplished in several ways:

Appendix C contains applicable contact information for involved agencies and neighboring communities that will be warned of sightings or attacks. The Natural Resources/Harbormaster will be responsible for making contact with the appropriate town's Harbormaster and Recreation Beach Supervisors will contract the appropriate town's Beach Department in order to ensure information accurately is conveyed. This list will be held as a working document that will be routinely updated as the Town sees fit.

## **Resources**

Massachusetts Division of Marine Fisheries  
Shark Research Program

<http://www.mass.gov/eea/agencies/dfg/dmf/programs-and-projects/shark-research.html>

<http://www.mass.gov/eea/agencies/dfg/dmf/programs-and-projects/white-shark-research.html>

White Shark Identification video: <https://www.youtube.com/watch?v=7WFWZfAy3Pg>

#### OCEARCH

##### Global Shark Tracker

Track white sharks with satellite tags tagged off of Cape Cod

<http://www.ocearch.org/>

##### Atlantic White Shark Conservancy

Local shark research and education

<http://www.atlanticwhiteshark.org>

#### **Other Recommendations for the Public**

- Do not swim or paddle around dawn or dusk.
- Avoid seal populations, whether the seals are in the water or hauled out on shore.
- If a shark is sighted, paddle to shore if in a kayak, canoe, paddleboard, etc. If you are in the water, get back into the boat and paddle to shore (don't swim).
- Do not chum waters when fishing.



## **Town of Yarmouth, Massachusetts Shark Sighting and Shark Attack Standard Operating Procedures for Beach Staff**

### **Beach Closures/Shark Activity Sightings**

Shark Activity includes sightings of sharks, dorsal fins and seals with injuries caused by sharks.

Shark Activity Closure Area includes areas shown on the attached map (see Appendix F). The closure area includes all waters within a ¼ mile of the shore.

All sightings must be recorded on a Shark Activity Report.

All sightings, whether confirmed or unconfirmed, must be reported to the Division of Natural Resources/Harbor Master office or Duty Officer immediately via the DNR radio channel or at (508)760-4800 during business hours (M-F 8:00am-4:30pm) or Yarmouth Police or Fire Departments (24hr/7days) and they will notify the Division of Natural Resources/Harbor Master.

### **Unconfirmed Sighting within Shark Activity Closure Area (Orange Flag)**

Unconfirmed Sighting – a sighting made by an individual that has not received some level of training or does not have significant experience with marine life, or cannot be verified in some way as credible.

Orange Flag – wading is allowed, but use caution.

1. Contact Fire Dispatch and Natural Resources/Harbor Master of a shark sighting.
2. Record information about the sighting on a Shark Activity Report.
3. Contact the Division of Natural Resources/Harbor Master or Duty Officer immediately via the DNR radio channel, cell phone or (508)760-4800 during business hours (M-F 8:00am-4:30pm) and provide Shark Activity Report information to the investigating officer. Ask reporting person to stand by until the investigating officer arrives.
4. Radio Alert for unconfirmed sighting to staff at other beaches via the DNR radio channel.
5. Raise orange flags at all beaches within ¼ mile, begin notifying swimmers.
6. At least one trained beach staff member with binoculars will serve as a spotter to look for the shark.
7. Natural Resources/Harbor Master alerts police and fire to unconfirmed report and maintains communication throughout search.
8. Natural Resources/Harbor Master dispatches boat and personnel to investigate.
  - a. Confirmed not a shark—Radio Alert to beach staff, police and fire, remove Orange flag
  - b. Confirmed shark—begin beach closure protocols below (purple flag)
  - c. If not located, no further action, alert beach staff, police and fire, orange flag remains in place for 30 minutes.

**NOTE:** If appropriate the end of day procedures will go into effect.

## **Confirmed Shark Sighting within Shark Activity Closure Area (Purple Flag)**

Confirmed Sighting – a sighting by a lifeguard, trained Town staff, public safety official, or other highly credible source. It may also be any sighting that is deemed to have a high level of credibility.

Purple Flag – beaches are closed to swimming.

1. If the confirmation is made by beach staff, begin closure protocols below without delay, and contact the Division of Natural Resources/Harbormaster or Duty Officer immediately via the DNR radio channel, during business hours (M-F 8:00am-4:30pm), Contact the other beaches (beach channel).
2. If the confirmation is made by the Natural Resources/Harbormaster, use the radio alert to DNR frequency to alert beach staff. Alert Police and Fire Dispatch on their primary channels.
3. Beach closure protocols will be completed at each beach by the following staff:
  - a. Lifeguards/Recreation staff\*\*Request Natural Resources and or Police assistance with beach closures. Officers will assist if available.
4. Raise the purple flags and direct all swimmers out of the water.
5. At least one trained beach staff member with binoculars will serve as a spotter to look for the shark.
6. Natural Resources/Harbormaster will dispatch a boat and personnel to investigate and will maintain communication with Police and Fire Dispatch throughout search.
7. The Town Administrator's Office will notify the public through social media (Facebook/Twitter) as soon as possible.
8. Beaches will remain closed for at least one hour (1), and continuation of the closure shall be at the discretion of public safety officials (collaboration of Recreation, Natural Resources/Harbormaster, Police and Fire) and Beach Supervisor. Provided no closure continuation is deemed necessary, immediately upon conclusion of the one hour (1) period, the Purple flags will be removed.

**NOTE:** If appropriate the end of day procedures will go into effect.

## **Shark Attack Response**

1. Notify the Fire Department by the Fire radio channel or by phone 508-398-2212. Then contact the Natural Resources/Harbormaster at (508) 760-4800 and on the DNR channel immediately. Keep in mind there is a delay if using 911 by cell phone. The Police Department shall also be notified for assistance with beach closures, crowd control and traffic.
2. DO NOT enter the water. The only approved protocol for a shark attack is boat rescue. When Harbormaster patrol and Fire Rescue boat response may be delayed, the Fire Department may launch a small trailered boat. In all other locations, the patrol boat (Harbormaster and/or Fire) closest to the incident will respond. Other available patrol boats will respond if possible to support the rescue.
3. If the victim makes it into shore or is brought to shore by the public start First Aid.
4. Begin confirmed shark activity closure protocols above. A longer period of closure may be instituted at the discretion of public safety officials (collaboration of Recreation, Natural Resources/Harbormaster, Police and Fire) and Beach Supervisor.

**Town staff has discretion to upgrade the flag status and implement beach closures if deemed necessary.**

DRAFT

## Appendix A. Town of Yarmouth Atlantic Great White Shark Activity Contact List

Title	Name	Office Phone	Cell Phone	Email
<b>Natural Resources/Harbormaster</b>				
Director/Harbormaster	Karl von Hone	(508)760-4800	(508) 294-2447	<a href="mailto:kvonhone@yarmouth.ma.us">kvonhone@yarmouth.ma.us</a>
Field Supervisor	Bill Bonnetti	(508)760-4800	(508) 294-2455	<a href="mailto:bbonnetti@yarmouth.ma.us">bbonnetti@yarmouth.ma.us</a>
Natural Resources Officer	Dave Condon	(508)760-4800	(508)-294-2454	<a href="mailto:dcondon@yarmouth.ma.us">dcondon@yarmouth.ma.us</a>
Natural Resources Officer	Victoria Cotone	(508)760-4800	774-212-4287	<a href="mailto:vcotone@yarmouth.ma.us">vcotone@yarmouth.ma.us</a>
<b>Recreation</b>				
Assistant Director	Aimee Howell	(508) 398-2231 x1522	(508) 294-2472	<a href="mailto:ahowell@yarmouth.ma.us">ahowell@yarmouth.ma.us</a>
Beach Director	Dave Godin		860-874-7226	
Beach Director				
<b>Fire</b>				
Dispatch Phone Call Required non-text		(508) 398-2212		
Fire Chief	Philip Simonian	508-398-2212	(508) 294-4174	<a href="mailto:psimonian@yarmouth.ma.us">psimonian@yarmouth.ma.us</a>
Deputy Fire Chief	Jon Sawyer	508-398-2212	(508) 294-2458	<a href="mailto:jsawyer@yarmouth.ma.us">jsawyer@yarmouth.ma.us</a>
<b>Police</b>				
Dispatch Phone Call Required non-text		(508) 775-0445		
Lieutenant	Kevin Lennon		(508) 294-3175	<a href="mailto:KLennon@yarmouth.ma.us">KLennon@yarmouth.ma.us</a>
Lieutenant	Andrew O'Malley		(774) 836-6807	<a href="mailto:AOMalley@yarmouth.ma.us">AOMalley@yarmouth.ma.us</a>
<b>Community Service</b>				
Community Service Director	Pat Armstrong	(508) 398-2231 x1523	(774) 521-0162	<a href="mailto:parmstrong@yarmouth.ma.us">parmstrong@yarmouth.ma.us</a>
<b>Town Administrator's Office</b>				
Town Administrator	Dan Knapik	(508) 398-2231 x1273	(413) 875-2149	<a href="mailto:dknapik@yarmouth.ma.us">dknapik@yarmouth.ma.us</a>
Assistant Administrator				

**Appendix B. Atlantic Great White Shark Contacts—Non-Profits, Towns, and State and Federal Agencies**

Title	Name	Office Phone	Cell Phone	Email
Barnstable				
Harbormaster	Dan Horn	508-790-6272	508-294-1374	
Assistant Harbormaster	Darek Lawson	508-790-6272	508-294-1376	<a href="mailto:Darek.lawson@town.barnstable.ma.us">Darek.lawson@town.barnstable.ma.us</a>
Dennis				
Harbormaster	Dawson Farber	508-385-5555	508-326-3950	<a href="mailto:dfarber@town.dennis.ma.us">dfarber@town.dennis.ma.us</a>

**\*\*\*\*\*Only For A Confirmed Great White Shark Sighting Or Attack\*\*\*\*\***

Title	Name	Office Phone	Cell Phone	Email
Massachusetts Division of Marine Fisheries				
Marine Fisheries Biologist	Greg Skomal	508-742-9745		<a href="mailto:gregory.skomal@mass.gov">gregory.skomal@mass.gov</a>
Massachusetts Environmental Police				
Radio Room		800-632-8075		
Massachusetts State Police				
Emergency Dispatch		911		
Air Wing Section		508-465-9200		
United States Coast Guard				
Sector Southeastern New England		508-457-3211		

**\*\*\*\*\*ONLY FOR CONFIRMED GREAT WHITE SHARK\*\*\*\*\***

Title	Name	Office Phone	Cell Phone	Email
Atlantic White Shark Conservancy				
President	Cynthia Wigren			<a href="mailto:Cynthia@atlanticwhiteshark.org">Cynthia@atlanticwhiteshark.org</a>

Appendix D.

## Yarmouth Shark Activity Report

### Shark Sighting Information/Questionnaire

<b>Location:</b>			
<b>Water Body:</b>			
<b>Date:</b>		Wave Height:	Weather Conditions
<b>Time:</b>		Wave Type	Sunny
Water Current		Spilling	Cloudy
Direction:	Water Conditions	Plunging	Foggy
Speed:	Glassy	Surging	Windy
	Choppy	Other	Rain
Temperature	Murky		Other
Air:	Visibility		Glare
Water:	Other		Shadows

<b>Witness</b>	
<b>Name</b>	
Age	
<b>Email Address</b>	
<b>Phone Numbers</b>	
Address	Home
	Vacation

<b>What did you see?</b>	<b>Shark</b>	<b>Other</b>	<b>Describe on back of form</b>
<b>Have you ever seen a shark</b>	<b>Y</b>	<b>N</b>	
<b>Did anybody else see the shark?</b>	<b>Y</b>	<b>N</b>	
<b>How many sharks did you see?</b>			
<b>When did you see it?</b>	<b>Time:</b>		
<b>Duration of sighting?</b>			
<b>How many times did you see it?</b>			
<b>What is your estimate in overall length?</b>			
<b>What color was the shark?</b>			
<b>Did you see a fin?</b>			
<b>How big was the fin?</b>			
<b>What did the fin look like?</b>	<b>Triangular</b>	<b>Floppy</b>	
<b>What was the fin doing?</b>	<b>Side/Side</b>	<b>Up/Down</b>	
<b>How many fins did you see?</b>			
<b>Did you see a tail fin?</b>	<b>Y</b>	<b>N</b>	<b>Distance between fins?</b>

<b>Exactly where was the shark when you saw it?</b>	
<b>How far was the shark from the beach?</b>	
How deep was the water where shark sighted?	
<b>Were there any people in the water near the shark?</b>	<b>Number:</b>
<b>Were there any other animals in the water?</b>	<b>Type and Number:</b>
Was there anything else in the water?	Kelp Jetsom Flotsom Other:
<b>Which direction was the shark headed?</b>	

<b>Where were you when you saw the shark?</b>	
What were you doing?	
How often do you go to the beach?	

<b>Completed by:</b>	<b>Name:</b>	<b>Date:</b>
	<b>Obtain any photos or video?</b>	

**Appendix E.**

**Yarmouth Dispatch  
Shark Activity Report**

Date:	Time:
Location of caller:	
Location of Shark(Water Body):	
Reporting Parties Name:	
Call Back Phone Numbers:	
When did you see it?	Time:
What did they see?	
What did the fin look like?	Triangular or Floppy
What is your estimate in overall length?	
Were there any people or animals in the water near the shark?	How Many?
Others Witness's: Information (name )	

Completed by:	Name:
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**Yarmouth Dispatch  
Shark Activity Report**

Date:	Time:
Location of caller:	
Location of Shark(Water Body):	
Reporting Parties Name:	
Call Back Phone Numbers:	
When did you see it?	Time:
What did they see?	
What did the fin look like?	Triangular or Floppy
What is your estimate in overall length?	
Were there any people or animals in the water near the shark?	How Many?
Others Witness's: Information (name )	

Completed by:	Name:
---------------	-------

## Shark Information

The grey and harbor seal population in our area has grown substantially in the past decade and we are now home to a large number of seals for several months of the year. These seals come in close proximity to the shore and can be easily seen resting and getting warm on the sand bars and beaches as well as swimming and surfacing in the water.

As you are no doubt aware, the ocean waters also are home to large sharks, and seals are a staple part of the great white shark diet.

While it is rare for a shark to bite a human, it happened twice in 2018. Massachusetts saw its first fatal shark attack in 82 years in September 2018 at Newcomb Hollow Beach in Wellfleet. Because sharks are being sighted in local waters, swimmers should exercise caution while swimming in ocean waters. In particular, people should avoid swimming within 300 feet of seals where sharks may be in search of prey.

We are urging that swimmers pay close attention to their surroundings while in the water and not venture too far from shore.

During the course of your shift, you may be asked questions about sharks by the public or other employees. The following are a few questions and answers for you to review:

**Q: Is it safe to swim in the water?**

A: Yes, however you must exercise caution. The ocean is white shark habitat. Do not swim near seals or schooling fish. Swim closer to shore. Do not swim alone. Do not swim at dawn or dusk (although sharks have been known to feed anytime, day or night). As a general safety measure, we recommend that people never swim in the ocean at night.

**Q: Have you seen a shark?**

A: If yes, say so. If no, state that sharks have been sighted in the waters off of Cape Cod.

**Q: Is it common for white sharks to swim this far north?**

A: Yes, it is. Seals are a staple part of their diet, and there is a large seal population off of Cape Cod.

**Q: What do I do if I see a shark?**

A: If you see a shark and you are on a lifeguarded protected beach, report the sighting to the lifeguard. If you are not on a lifeguarded protected beach, report the sighting to Natural Resource Officers or Harbormasters as soon as practical. If someone is in the water, get their attention and call them out of the water. Be a good witness and if possible take a photo.

## Great White Shark vs. Basking Shark Information

Here are the differences between basking sharks and white sharks. More than 99% of the white shark reports turn out to be basking sharks.

### Here are the top three things to look for:

- 1) **Dorsal Fin:** The white shark has a fin that comes to a point at the apex and a straight back edge. Basking sharks have a rounded dorsal that is slightly convex on the back edge. Both can appear tattered on the back edge. However there are always exceptions.
- 2) **Coloration:** White sharks have a distinct two tone color going from grey or black to white. Basking sharks can appear black, brown or grey, most have mottling on them if you see them up close but not always and although they can have lighter undersides they are usually uniform in color.
- 3) **Gill Slits:** Basking sharks have gill slits that nearly encircle the head making them very visible. White sharks have relatively small gill slits when compared to the basking shark and they are usually not that noticeable when viewed in the water.

A couple of other notes, white sharks rarely get over 20 feet so if someone reports a shark over that size it usually is an indication of a basking shark. Both sharks breach but off of Massachusetts basking sharks are more likely to breach than white sharks. Both Sharks can swim fast and will swim to investigate boats, most people assume only a white shark does this. The white sharks we've observed rarely come to the surface, while basking sharks are often found swimming with their fins above the surface. Finally, the third culprit in the misidentification we receive is the ocean sunfish (mola mola). They have very tall dorsal fins that are used for propulsion so the fin is always moving up and down. If a witness sees a shark that appears then disappears and reappears etc. then that is a sure sign it's a mola.

# White v. Basking



**Dorsal fin pointed**



**Dorsal fin rounded**



**Two tone body color**



**Uniform body color**



**Medium sized gillslits  
NO mottled pattern on back**



**Large gillslits that almost  
encircle the head; mottled  
pattern on back is common;  
lots of white scars**

**Appendix F. – Differences Between White Sharks, Basking Sharks, and Ocean Sunfish**

**Basking Shark**



Large Dorsal  
Rounded at apex

**White Shark**



Large Dorsal  
Pointed at apex

**Basking Shark**



Uniform color can have  
mottled pattern on back  
Large gills extend to top  
of head

**White Shark**



Two tone body color  
with very white belly,  
no mottled pattern  
Gills on side of head

## Ocean Sunfish



Tall and narrow dorsal fin, moves side to side when moving through the water

## White Shark



Wider pointed dorsal fin moves up and down when moving through the water



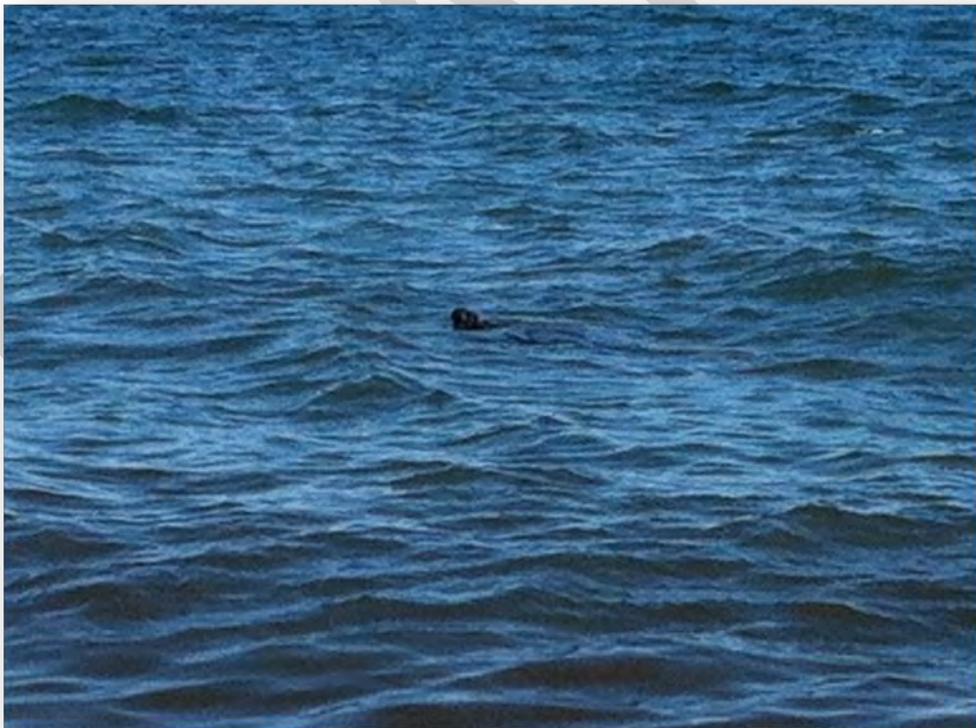
BLUE SHARK



Ocean Sunfish have a similar dorsal fin that often gets mistaken for a shark's.



Sharks can see the outlines of objects resembling their prey. From underneath, the surfer (left) and the seal (right) look very similar.



A seal off the beach on Cape Cod.

Some other common animals thought to be sharks:



DUCKS



DOLPHINS





HUMPBACK WHALE



FIN WHALE



# New England Shark Sampler



**Tiger Shark (*Galeocerdo cuvier*)**



**Dusky Shark (*Carcharhinus obscurus*)**



**Sandbar Shark (*Carcharhinus plumbeus*)**

# New England Shark Sampler



Shortfin Mako (*Isurus oxyrinchus*)



Blue Shark (*Prionace glauca*)



Porbeagle Shark (*Lamna nasus*)

# The 'Oddballs'



**Thresher Shark (*Alopias vulpinus*)**



**Scalloped Hammerhead (*Sphyrna lewini*)**

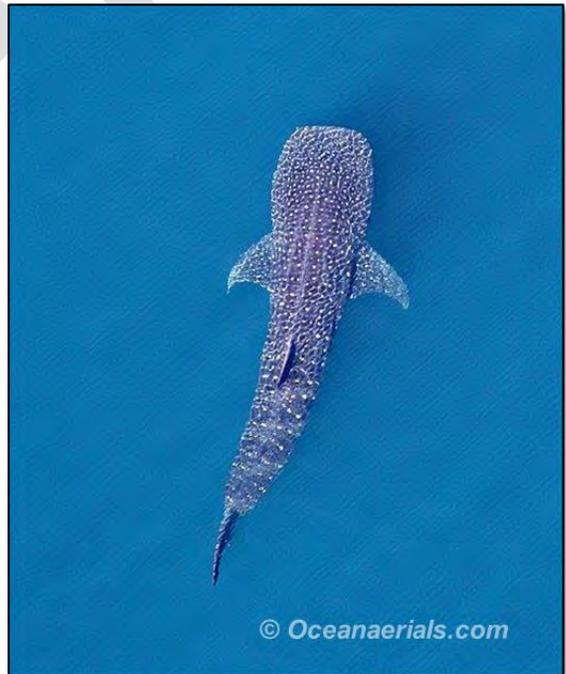
# The 'Big Three'



White Shark (*Carcharodon carcharias*)



Basking Shark (*Cetorhinus maximus*)



Whale Shark (*Rhincodon typus*)



# TOWN OF YARMOUTH

## Golf Division

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635 West Yarmouth Road, West Yarmouth, MA 02673  
Telephone (508) 760-4878, Fax (508) 760-4806

To: Dan Knapik, Town Administrator  
From: Scott Gilmore, Director of Golf Course Operations  
Date: June 4, 2020  
Subject: Driving Range at Bayberry Hills Golf Course

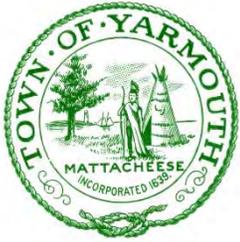
In light of recent communication from State Administration and when the Governor signs the Phase II executive order, the driving range and practice facilities will be allowed to open. It must follow all proper social distancing and sanitation guidelines to ensure the safety of everyone. The earliest date possible for this new restriction easement will be June 8<sup>th</sup>. We are looking forward to having use of the facility again in the very near future. Below are the protocols that will be implemented to ensure safe use of the driving range.

- 1) Bayberry Hills Driving Range will have an attendant from 630am-700pm, as the current machine does not accept credit cards.
- 2) A customer will be able to purchase a one size bucket of balls from the proshop via credit card only. Under the same conditions in which customers use to purchase greens fees, carts, etc.
- 3) The driving range attendant will be responsible for the distribution of balls on the range.
- 4) The teeing area will be setup with stations 6ft apart to ensure proper social distancing.
- 5) When the customer is done with the bucket, they will place the bucket into a container of disinfectant solution.
- 6) All range balls will be washed and disinfected prior to each distribution.

The above plan is temporary until the installation of our new ball machine. The new ball machine is able to accept credit cards. We are working with IT on the installation of the machine as it involves wireless transmission of credit card data. This Friday Dan Mathieu IT consultant will be onsite with IT, to determine the best installation plan for the machine. Once the plan has been established, we will install to streamline the process. The new ball machine will be self-service, as it is able to take payments via credit card.

Once installed the protocols will be slightly different and are as follows.

- 1) Range attendant will be on site to monitor activity and social distancing.
- 2) Teeing area will be 6ft apart to ensure proper social distancing.
- 3) Range buckets for customers will have already been disinfected. When customer is done with bucket, it will be dropped into a container of disinfectant solution. Range attendant will monitor restocking of buckets as needed.
- 4) We will provide gloves and sanitizer for customers to use as well.



# TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 1277, Fax (508) 398-2365

To: Yarmouth Board of Selectmen

From: Karen M. Greene, Director of Community Development  
Mark Grylls, Director of Inspectional Services  
Linda Hill, Licensing  
Kathy Williams, Town Planner

Date: June 5, 2020

Re: Outdoor Seating and Outdoor Alcohol Service

Related to the relief offered through the June 1, 2020 COVID-19 Order No. 35, please find attached, draft policies for the Board's consideration and vote. With the Board's approval, the first policy will permit the Building Commissioner to approve requests that would normally require relief through the Zoning Board of Appeals, as well as to waive any application fees. The second policy articulates the Board's review process as the Local Licensing Authority (LLA), specifically mentioning the very limited notification requirements (no legal advertisement or abutter notification is required, ONLY adherence to Open Meeting Law for public meetings).

With regards to both Outdoor Seating and Outdoor Alcohol Service, and given the overlap in subject matter, we have developed the attached joint Application and related Decision templates to facilitate and expedite review. Applications and related materials (insurance and site plans) will be submitted electronically to the Building Department ([rfallon@yarmouth.ma.us](mailto:rfallon@yarmouth.ma.us)) who will distribute to Health, Fire, Police and Licensing Departments as needed. Staff review will be provided in a timely manner with input back to the Building Commissioner and subsequently to the Board of Selectmen for their consideration.

These materials will be placed strategically on the Town's website and we will coordinated with the Chamber of Commerce for outreach to their membership and beyond.

Staff have been actively fielding questions and requests from the business community and we are confident that the processes we have developed will facilitate the reopening of our restaurant businesses to the public.

Attachments:

Draft Policies – Zoning and Outdoor Alcohol Service  
Outdoor Seating/Alcohol Service Application  
Zoning Decision Template  
Alcohol Decision Template

**Town of Yarmouth**

**Draft Policies associated with COVID-19 Order No. 35**

**Tuesday, June 9, 2020**

**Outdoor Seating** – The Yarmouth Board of Selectmen, hereby authorize the Building Commissioner to develop application materials, make relevant zoning determinations based on the same and to issue temporary zoning relief for outdoor dining at existing restaurants and eating/drinking establishments per COVID-19 Order No. 35. The Building Commissioner’s decision may be conditioned. The Building Commissioner’s decision is final and may not be appealed. There shall/shall not be a fee associated with the application, and the Board of Selectmen shall/shall not waive fees associated with tents or other structures to accommodate outdoor seating. All decisions shall be clocked in with the Town Clerk. No recording or other notifications are required.

**Alcohol** – Pursuant to COVID-19 Order No. 35, the Yarmouth Board of Selectmen, as the Local Licensing Authority, shall review and act on applications to permit the outdoor sale of alcoholic beverages for on premise consumption by voting to amend the description of the licensed premises for current license holders. Applications shall be considered by the Board of Selectmen at a public meeting that is duly noticed. No other abutter notification or legal advertisement will be required. The Board of Selectmen shall record all decisions with the Town Clerk and provide copies of the same to the ABCC. The Board of Selectmen shall/shall not waive fees associated with the application for a change in premise application related to the COVID-19 Order No. 35.



**Town of Yarmouth - Building Department**  
**1146 Route 28, South Yarmouth, MA 02664**  
**Tel. 508-398-2231 Ext.1261**

## Temporary Outdoor Restaurant Dining Service/ Alcohol Alteration of Premises Application

**Date:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Unit#:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Applicant Phone:** \_\_\_\_\_

**ABCC License #:** \_\_\_\_\_ **Common Victuallar #:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Requested Hours of Operation:** \_\_\_\_\_

**Occupancy and Seating:** Complete the Table below.

Description	Existing	Proposed
Occupancy Load of Building		
Occupancy Load of Outdoor Areas		
Seating Capacity of Building		
Seating Capacity of Outdoor Areas		
Total Square Footage of Outdoor Area		
Parking available on site		

**Table Notes:**

- Occupancy of 50 or greater is shown on your Certificate of Inspection which should be displayed at your establishment. Occupancy <50 is displayed on your Use & Occupancy Permit. Access to these documents is available by address on the Town Website under the Building directory at <https://lf.yarmouth.ma.us/WebLink/Welcome.aspx?cr=1>.
- Existing Seating Capacity is based on your septic plan and also noted on your Food Service Permit.
- Total seating (indoors and outdoors) cannot exceed the total number allowed under you Certificate of Inspection, or exceed your septic capacity.
- Required Parking for restaurants and eating establishments is 1 space per 3 occupants per Section 301.5 of the Zoning Bylaw.

**Description of Outdoor Seating/Alteration of Premises:** Provide a description of the proposed outdoor seating area including how the area will be enclosed/roped off and submit plans of the outdoor seating area:

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**Submittal Requirements:**

1. **Insurance:** Amended Insurance Certificate covering the outdoor seating area for Alcohol Alteration of Premises.
2. **Plans:** Applicant shall provide Sketch plans taking into consideration the attached **General Provisions for Outdoor Seating** and shall show the following minimum information:
  - building(s) with entrances noted;
  - parking spaces, travel lanes and emergency vehicle access and circulation;
  - pedestrian circulation for staff and customers;
  - handicap accessibility accommodations;
  - dimensions and location of the temporary outdoor seating area, lighting and dumpster locations;
  - location and size of any tents along with access points, lighting and safety measures (Tents may require a separate Express Permit, please consult the Building Department).
  - Layout and Seating Plan for outside dining with number of seats identified per social distancing requirements, and identifying how the area will be enclosed/roped off.

Copies of site plans can typically be found by address on the Town Website under the Building or Health directories at <https://lf.yarmouth.ma.us/WebLink/Welcome.aspx?cr=1>

**Staff Review:** All Applications shall undergo Staff Review and shall include the following Departments: Health, Fire, Police, Licensing and other departments as applicable. Reviews will be expedited to the maximum extent feasible.

The Building Commissioner and the Board of Selectmen, servicing as the Local Licensing Authority, may impose conditions as they see fit and may grant, in its entirety or in part, and may deny any application.

Applicants are responsible for compliance with the Governor’s [Reopening Massachusetts](#) plan related to mandatory safety standards and sector-specific protocols and best practices, and any other State requirements.

\_\_\_\_\_  
Building Owner Signature

\_\_\_\_\_  
Applicant Signature

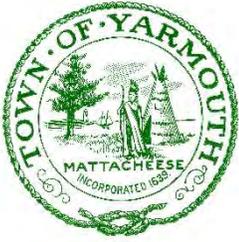
\_\_\_\_\_  
Building Owner Printed Name

\_\_\_\_\_  
Applicant Printed Name

**TO EXPEDITE THIS TEMPORARY PERMIT PROCESS, PLEASE SUBMIT COMPLETE APPLICATION MATERIALS DIRECTLY TO THE BUILDING DEPARTMENT AT [rfallon@yarmouth.ma.us](mailto:rfallon@yarmouth.ma.us)**

## **ATTACHMENT - General Provisions for Outdoor Seating:**

1. Parking, tents, or structures should not be located within required buffer areas and/or yard setbacks. (Tents may require a separate Express Permit, please consult the Building Department). When locating tents, take into consideration underground utilities and tent anchoring stakes and ropes.
2. Any coverings of outdoor dining areas (i.e. awnings, umbrellas, or tents) must have 50% of the perimeter open and unobstructed.
3. If located within a parking area, the remaining parking shall be sufficient to meet the minimum parking requirements of Section 301.5 of the Zoning Bylaw or occupancy may be reduced to meet available parking, as determined by the Building Commissioner.
4. Safe pedestrian circulation shall be provided between the temporary outdoor seating area, the main building(s) and parking areas.
5. Temporary outdoor seating area shall be located to allow for safe vehicular circulation and shall not impede fire and public safety access or circulation.
6. Provide a physical barrier or separation from the outdoor eating area and vehicle traffic/parking areas.
7. Provide accommodations for handicapped parking and accessibility per the Architectural Access Board (AAB).
8. Occupancy for the entire site (including indoor seating when allowed by the Governor) is limited to maximum allowed by septic system, or maximum occupancy as determined by the Building Commissioner, whichever is more restrictive.
9. For applicants proposing to serve alcohol, layout of the outdoor seating area should consider the Alcoholic Beverages Control Commission (ABCC) Advisory regarding [Guidelines for Extension of Premises to Patio and Outdoor Areas](#).
10. Compliance with the Board of Health's Regulations on Outside Cafes, [Town Code Chapter 194](#), is required.
11. Dumpster locations must be 50' from the outside dining area, and shall be screened with fencing if within the line of sight of the dining area.
12. The outdoor dining area surface must be constructed of materials that can be readily cleaned and not susceptible to inordinate amounts of dust, mud, or debris (i.e. brick, tile, concrete, pavement or similar washable surfaces). Other types of surfaces will need to be reviewed and approved by the Health Department.
13. The process for [Entertainment Licenses](#) was not modified by the Governor's June 1, 2020 COVID 19 Order 35 and any modifications to Entertainment Licenses would follow the standard procedure as outlined on the Town Website.



# TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-4492  
Telephone (508) 398-2231, Ext. 1271, Fax (508) 398-2365

BOARD OF  
SELECTMEN

TOWN  
ADMINISTRATOR

Daniel M. Knapik

In accordance with the Governor's June 1, 2020 [COVID-19 Order No. 35](#), and the [ABCC Advisory Regarding Local Licensing Authorities' Approval of Outdoor Seating](#), the Board of Selectmen as the Local Licensing Authority have the ability to grant approval for a Change of License Premises for existing Liquor License holders.

.....

## BOARD OF SELECTMEN DECISION – TEMPORARY ALTERATION OF PREMISES

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

ABCC License #: \_\_\_\_\_

Board of Selectmen Approved on: \_\_\_\_\_

### **Board Signature Stamp**

Description of Change of Premise:

### Special Conditions:

- Hours of Outside Operation shall be limited to normal business hours and shall be no earlier than ?? AM and no later than ?? PM.
- Approval shall be in accordance with the attached Layout & Seating Plan.
- 
- 

### General Conditions:

- Authorization expires automatically on November 1, 2020 or the date the Governor's June 1, 2020 Order is rescinded, whichever is sooner. Decisions are final and not subject to appeal. The Town retains the right to modify or revoke this decision.
- Applicants are responsible for compliance with the Governor's Reopening Massachusetts plan related to mandatory safety standards and sector-specific protocols and best practices, and any other State requirements.
- The Alcoholic Beverages Control Commission (ABCC) [Guidelines for Extension of Premises to Patio and Outdoor Areas](#) must be followed.
- All Licensees must ensure they comply with the laws of the Commonwealth of Massachusetts and that sales of alcoholic beverages take place only as authorized by federal, state and local law.
- Combined indoor and outdoor seating cannot exceed the total number allowed under the current Certificate of Inspection.

**TOWN OF YARMOUTH**  
**1146 Route 28, South Yarmouth, MA 02664**  
**508-398-2231 ext. 1261 Fax 508-398-0836**  
**Office of the Building Commissioner**

In accordance with the Governor's June 1, 2020 [COVID-19 Order No. 35](#), and **as approved by the Board of Selectmen at their June 9, 2020 meeting**, the Building Commissioner is authorized to approve Zoning Waivers for Temporary Outdoor Restaurant Dining Service to take place at existing restaurants and eating/ drinking establishments. When making this determination, the Building Commissioner shall take into consideration input from other Town Departments and the General Provisions for Outdoor Seating.

\*\*\*\*\*

**BUILDING COMMISSIONER DETERMINATION – TEMPORARY OUTDOOR DINING**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

General Description: \_\_\_\_\_

**APPROVED: COMMENTS AND CONDITIONS:**

1. Inspections are required by Building, Health and Fire Departments.
- 2.
- 3.

**TEMPORARY ZONING WAIVERS AUTHORIZED:**

- 1.
- 2.
- 3.

**TEMPORARY ZONING WAIVERS NOT REQUIRED**

**DENIED:** Comments:

Applicants are responsible for compliance with the Governor's Reopening Massachusetts plan related to mandatory safety standards and sector-specific protocols and best practices, and any other State requirements.

This Authorization expires automatically on November 1, 2020 or the date the Governor's June 1, 2020 Order is rescinded, whichever is sooner. Decisions are final and not subject to appeal. The Town retains the right to modify or revoke this decision to protect public health and safety.

\_\_\_\_\_  
Building Officials Signature

\_\_\_\_\_  
Date

Selectmen

1242 Hamilton Court, Unit A  
Cary, NC 27511  
843-259-1347  
martha.c.fulton@alumni.wfu.edu

June 1, 2020

Board of Selectmen  
c/o Town Administrator's Office  
1146 Route 28  
South Yarmouth, MA 02664

To the Yarmouth Board of Selectmen,

Please accept this letter as notice of my resignation from my position as a member of the Mid-Cape Cultural Council representing the Town of Yarmouth. This resignation will become effective as of the council's next meeting, currently scheduled for Wednesday, June 10, 2020.

Best regards,

Martha McCluskey



# TOWN OF YARMOUTH BOARD OF SELECTMEN PROJECTED 2020 AGENDA ITEMS

MEETING DATE		BUDGET SCHEDULE DUE DATES	REGULAR BOS AGENDA ITEMS
MAY 12			<ul style="list-style-type: none"> <li>• COVID-19 UPDATES (BUDGET; GOLF; BEACH ACCESS)</li> <li>• REVIEW &amp; APPROVE 2020 ATM WARRANT</li> <li>•</li> </ul>
MAY 19			<ul style="list-style-type: none"> <li>• PUBLIC HEARING: ALTERATION OF PREMISE FOR TUGBOATS</li> <li>• DY NEW MIDDLE SCHOOL PRESENTATION</li> <li>• GOLF BAN ROLLOVER VOTE</li> <li>• STATUS OF EVENTS/USE OF TOWN PROPERTY</li> </ul>
MAY 26	NO MEETING MEMORIAL DAY		
JUNE 2			<ul style="list-style-type: none"> <li>• PUBLIC HEARING: FY 21 BUDGET PRESENTATION</li> <li>• SEPTAGE CAPITAL FUND NOTIFICATION</li> <li>• RETURN TO WORK INSTRUCTIONS/PLAN</li> <li>• UPDATE ON ANNUAL TOWN MEETING</li> </ul>
JUNE 9			<ul style="list-style-type: none"> <li>• PUBLIC HEARING: PAPA GINO'S – NEW ANNUAL WINE &amp; MALT LICENSE</li> <li>• PUBLIC HEARING: OCEAN SHORES CORP. DBA YARMOUTH WINE &amp; SPIRITS – TRANSFER OF PACKAGE STORE LICENSE</li> <li>• REVISED FUNDRAISING/SPECIAL EVENT SIGN POLICY</li> <li>• SEPTAGE ENTERPRISE EXPENSE REVIEW (VOTE)</li> <li>• COVID-19 UPDATES AND OPERATIONS</li> </ul>
JUNE 16			<ul style="list-style-type: none"> <li>•</li> </ul>
JUNE 22	TOWN MEETING		<ul style="list-style-type: none"> <li>•</li> </ul>
JUNE 30	NO MEETING ELECTION		<ul style="list-style-type: none"> <li>•</li> </ul>
JULY 7	NO MEETING		<ul style="list-style-type: none"> <li>•</li> </ul>
JULY 14			<ul style="list-style-type: none"> <li>• REORGANIZATION OF BOARD OF SELECTMEN</li> <li>• BOARD OF SELECTMAN GOALS</li> <li>• TAX CLASSIFICATION HEARING</li> <li>• AWARD OF SCHOLARSHIPS</li> </ul>
JULY 21			<ul style="list-style-type: none"> <li>•</li> </ul>



# TOWN OF YARMOUTH BOARD OF SELECTMEN PROJECTED 2020 AGENDA ITEMS

MEETING DATE	BUDGET SCHEDULE DUE DATES	REGULAR BOS AGENDA ITEMS
JULY 28		•

- RENAMING POLICY
- COMMITTEE REPORTS
- DHY AGREEMENT
- CLEAN WATER TRUST
- MATTACHEESE BUILDING & REUSE COMMITTEE
- FINANCE UPDATE ON INTERNAL CONTROLS
- CAPE LIGHT COMPACT PRESENTATION
- **JUNE 30<sup>TH</sup> – ELECTION**      **SEPTEMBER 1<sup>ST</sup> – SPECIAL ELECTION**
- CEDC GOALS AND SUPPORT OF WASTEWATER; AND SPECIAL EVENTS
- LEGAL SERVICES REVIEW
- MVP PROJECT UPDATE
- CAPE COD COMMISSION UPDATE - AUGUST
- BARNSTABLE MUNICIPAL AIRPORT – AIRPORT MASTER PLAN - AUGUST

**CONSENT  
AGENDA  
ITEMS**



**TOWN OF YARMOUTH  
RECREATION DIVISION**

424 Route 28, West Yarmouth, MA. 02673

Telephone (508) 398-2231 x-1520 Fax (508) 790-9152

Email: [recreation@yarmouth.ma.us](mailto:recreation@yarmouth.ma.us)

MEMORANDUM

TO: The Honorable Board of Selectmen  
FROM: Ruth D. Nee, Administrative Assistant  
DATE: June 1, 2020  
RE: Donations – Recreation Department

**CONSENT  
AGENDA**

Please accept the following donations to the Town of Yarmouth Recreation Division.

The following donations will be used for the Gray's Beach Boardwalk:

1409	Rick Annes	\$150.00	1410	Dawn Nickerson	\$150.00
1411	Jane Eichmann	\$150.00	1412	Jacob Herschler	\$150.00
1413	Ruth Holland	\$150.00	1414	Gwen Baumann	\$150.00
1415	Gwen Baumann	\$150.00	1416	Carol Rawlins	\$150.00
1417	Marcia Randall	\$150.00	1418	Peter Quinn	\$150.00
1419	Linda Niesta	\$150.00	1420	Nancy Brink	\$150.00
1421	Abigail Anderson	\$150.00	1422	Carol Rawlins	\$150.00
1423	Justine DeNorscia	\$150.00	1424	Jeanne Gleason	\$150.00
1425	Kathi Milch	\$150.00	1426	Robert Mackintire	\$150.00
1427	Molly Palatino	\$150.00	1428	Gina LaChapelle	\$150.00
1429	Mariah Kelley	\$150.00	1430	Chris Koelsch	\$150.00
1431	Gregory Smith	\$150.00	1432	Megan Pratt	\$150.00
1433	Jennifer Casanova	\$150.00	1434	Joshua Avery	\$150.00
1435	John McElwain	\$150.00	1436	Linda Vamliere	\$150.00
1437	Deborah Fox	\$150.00	1438	Laura Wheeler	\$150.00
1439	Kristin Patterson	\$150.00	1440	Grace Beckwith	\$150.00
1441	Sean Monahan	\$150.00	1442	Charles Santoro	\$150.00
1443	Linay Robinson	\$150.00	1444	Kathi Colun	\$150.00
1445	Karen Beuchemin	\$150.00	1446	Margaret Keefe	\$150.00

**Boardwalk Total** **\$5700.00**

**TOTAL DONATIONS:** **\$5700.00**