TOWN OF WINCHESTER SELECT BOARD'S MEETING
SELECT BOARD MEETING ROOM

A. 8:30 A.M. OPENING

B. ACCEPTANCE OF DONATIONS

1. Accept donations in the amount of $2,000 from the Preston and Flannery families to support the Saltmarsh Park.
2. Accept a grant award from the Cummings Foundation to the Council on Aging in the amount of $100,000.

C. TOWN MANAGER REPORT AND COMMENTS

D. COMPTROLLER'S REPORT

E. LICENSES

F. HEARINGS

G. BUSINESS

1. Outdoor Dining Applications
2. Town Common Event

Documents:

A TAVOLA APPLICATION.PDF
CHINA SKY APPLICATION.PDF
FIRST HOUSE PUB APPLICATION.PDF
FROZEN HOAGIES APPLICATION.PDF
LUCIA APPLICATION.PDF

H. CONSENT AGENDA

1. Approve/Correct Minutes for: March 9, 23 & 30, 2020

I. EQUITY AND RACISM TASK FORCE

J. COMMUNICATIONS AND WORKING GROUP REPORTS

TOWN OF WINCHESTER – OUTDOOR DINING APPLICATION

Applicant's Name:	Lugabri LLC
Applicant's d/b/a:	A TAUOLA
Applicants Address:	34 Church St Winchester
Applicant's Phone:	781-698-3521
Applicant's email:	josephcarli8@gmail.com
Owner of the Property:	Waterfield Realty trust
Address of Owner:	
Contact Person and Telephone:	Ron Surabian 617-771-4041
Mailing Address:	36 Church St Winchester
Email Address:	Rsurabian@AOL.com
Proposed Dates of outdoor dining:	when we are allowed to open
Proposed times of outdoor dining	4pm – 10pm
Does this establishment hold an Alcoholic Beverage License? YES X NO_____ *If yes, please see the Guidelines for Extension of Premises to Patio and Outdoor Areas issued by the ABCC in July 2015 and submit all required documentation.*	

RECEIVED
2020 JUN -9 AM 11:36
TOWN OF WINCHESTER
TOWN MANAGER
BOARD OF SELECTMEN

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

AMENDMENT-Change or Alteration of Premises Information

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) 3415

ENTITY/ LICENSEE NAME Lugabri LLC

ADDRESS 34 Church St

CITY/TOWN Winchester **STATE** MA **ZIP CODE** 01890

For the following transactions (Check all that apply):

- [ ] New License
- [ ] Transfer of License
- [ ] Change of Manager
- [ ] Change of Officers/Directors
- [ ] Change of Ownership Interest
- [ ] Change Corporate Name
- [ ] Change of DBA
- [x] Alteration of Licensed Premises
- [ ] Change of Location
- [ ] Other
- [ ] Change of Class (i.e. Annual / Seasonal)
- [ ] Change of License Type (i.e. club / restaurant)
- [ ] Change of Category (i.e. All Alcohol/Wine, Malt)
- [ ] Issuance/Transfer of Stock/New Stockholder
- [ ] Change Corporate Structure (i.e. Corp / LLC)
- [ ] Change of Hours
- [ ] Pledge of Collateral (i.e. License/Stock)
- [ ] Management/Operating Agreement

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

AMENDMENT-Change or Alteration of Premises Information

☐ **Change of Location**

- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

☒ **Alteration of Premises**

- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Lugabri LLC	Winchester, MA	3415

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Due to the restrictions of COVID-19, we are seeking at have outdoor seating from our town and thus wish to have our license extend to the new area.

APPLICATION CONTACT

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

Name	Title	Email	Phone
Joseph Carli	Chef / Partner	josephcarli8@gmail.com	7816963521

2. ALTERATION OF PREMISES

2A. DESCRIPTION OF ALTERATIONS

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

The town of Winchester is considering allowing us to have outdoor seating on the sidewalk and parking spaces in front of the establishment. If that gets approved I would like to be able to offer guests the full menu.

2B. PROPOSED DESCRIPTION OF PREMISES

Please provide a complete description of the proposed premises, 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.

6-10 tables on the sidewalk and blocked parking spaces

Total Sq. Footage	unknown	Seating Capacity	20	Occupancy Number	20
Number of Entrances	1	Number of Exits	1	Number of Floors	1

AMENDMENT-Change or Alteration of Premises Information

3. CHANGE OF LOCATION

3A. PREMISES LOCATION

Last-Approved Street Address

Proposed Street Address

3B. 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 Sq. Footage | Seating Capacity | Occupancy Number

Number of Entrances | Number of Exits | Number of Floors

3C. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

Landlord Name

Landlord Phone | Landlord Email

Landlord Address

Lease Beginning Date | Rent per Month

Lease Ending Date | Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales? ◯ Yes ◯ No

4. FINANCIAL DISCLOSURE

Associated 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):

Associated Cost(s):

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
Total:	

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.
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No

APPLICANT'S STATEMENT

I, Joseph A. Carli the: ☐ sole proprietor; ☒ partner; ☐ corporate principal; ☐ LLC/LLP manager
Authorized Signatory

of Lugabri 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: [signature] Date: 6-3-2020

Title: Chef / Partner

ADDITIONAL INFORMATION

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

CORPORATE VOTE

The Board of Directors or LLC Managers of _____
Entity Name

duly voted to apply to the Licensing Authority of _____ and the
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on _____
Date of Meeting

For the following transactions (Check all that apply):

- ☐ Alteration of Licensed Premises
- ☐ Change of Location
- ☐ Other _____

"VOTED: To authorize _____
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

A true copy attest,

_____
Corporate Officer /LLC Manager Signature

Joseph A Carli
(Print Name)

For Corporations ONLY
A true copy attest,

_____
Corporation Clerk's Signature

_____
(Print Name)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/10/2020

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

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

PRODUCER		CONTACT NAME: Nate Schindler	
Amplified Insurance Partners		PHONE (A/C, No, Ext): (617) 964-5340	FAX (A/C, No): (617) 965-1843
30 Southwest Park		E-MAIL ADDRESS: nates@amplifiedinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Westwood	MA 02090	INSURER A : The Travelers Indemnity Company Of America	25666
INSURED		INSURER B :	
Lugabri, LLC Dba a Tavola		INSURER C :	
34 Church Street		INSURER D :	
		INSURER E :	
Winchester	MA 01890	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL1911627727 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y		6809H342472	11/21/2019	11/21/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			6809H342472	11/21/2019	11/21/2020	Limit	$1,000,000

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

RE: Outdoor seating at A Tavola (34 Church Street, Winchester, MA 01890)

Town of Winchester is listed as Addtional Insured.

CERTIFICATE HOLDER

Town of Winchester
71 Mt. Vernon Street
Winchester MA 01890

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/10/2020

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

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

PRODUCER
Amplified Insurance Partners
30 Southwest Park
Westwood MA 02090

CONTACT NAME: Nate Schindler
PHONE (A/C, No, Ext): (617) 964-5340 FAX (A/C, No): (617) 965-1843
E-MAIL ADDRESS: nates@amplifiedinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: The Travelers Indemnity Company Of America	25666
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Lugabri, LLC Dba a Tavola
34 Church Street
Winchester MA 01890

COVERAGES CERTIFICATE NUMBER: CL1911627727 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y		6809H342472	11/21/2019	11/21/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			6809H342472	11/21/2019	11/21/2020	Limit	$1,000,000

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

RE: Outdoor seating at A Tavola (34 Church Street, Winchester, MA 01890)

Town of Winchester is listed as Addtional Insured.

CERTIFICATE HOLDER

Town of Winchester
71 Mt. Vernon Street
Winchester MA 01890

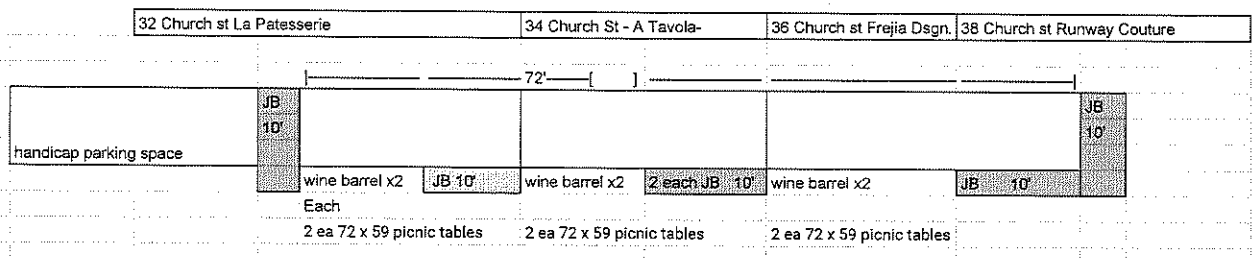
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



-3 Parking spaces will be taken and we have been given the blessing from the shop owners who we will be in front of
-Each Jersey Barrier is 10' long by 2' wide
-The standard JB will be 2' wider than the parking spot coming from the curb
-Each picnic table is 72"X59"
-That size table will allow us to space them 6' apart
-Across from the entrance to A Tavola there will be a pergola to use as a main entrance so that we can control who enters and exits the space
-All tables will be chained to the jersey barriers so they cannot be pushed together for larger parties
-If allowed the wine barrels will be planted with flowers and shrubs to help the appeal and some lighting so our guests can see better

JB= tapered jersey barrier

Jersey Barriers purchased from Shea concrete @ $390 ea

TOWN OF WINCHESTER – OUTDOOR DINING APPLICATION

1. Applicant Name:	George Wu
2. Business Name:	Wu Enterprises Inc.
3. Applicant d/b/a:	China Sky
4. Applicant/Business Address:	27 Converse Pl, Winchester, MA 01890
5. Applicant Phone:	781-729-6899
6. Applicant email:	chinaskywinchester@gmail.com
7. Owner of the Property:	William Wilson
8. Address of Owner:	45 Hutchinson Rd, Winchester, MA, 01890
9. Contact Person and Telephone:	Michael Wu, 617-959-3339
10. Mailing Address:	19 Dix St, Winchester, MA, 01890
11. Email Address:	uwleahcim@gmail.com
12. Proposed Dates of outdoor dining:	Monday - Thursday, Friday - Saturday, Sun
13. Proposed times of outdoor dining	11:30 - 21:30, 11:30 - 22:30, 12:00 - 21:30

14. Does this establishment hold an Alcoholic Beverage License? YES x NO____

If yes, please see the Guidelines for Extension of Premises to Patio and Outdoor Areas issued by the ABCC in July 2015 and submit all required documentation, and a plan for serving alcohol to seated patrons at tables on the sidewalk, of if applicable in the public way through the closure of the street or portions of the street.

15. Have you had your license revoked, suspended, or been fined by the Town of Winchester, another municipality, or the Commonwealth of Massachusetts within the past 12 months?

YES_____NO x

If yes, please explain.

16. A) Current indoor seating capacity 115 B) Proposed seating capacity for outdoor seating 36	
17. Days and hours of operation Mon-Thr: 11:30 - 21:30, Fri-Sat: 11:30 - 22:30, Sun: 12:00 - 21:30	

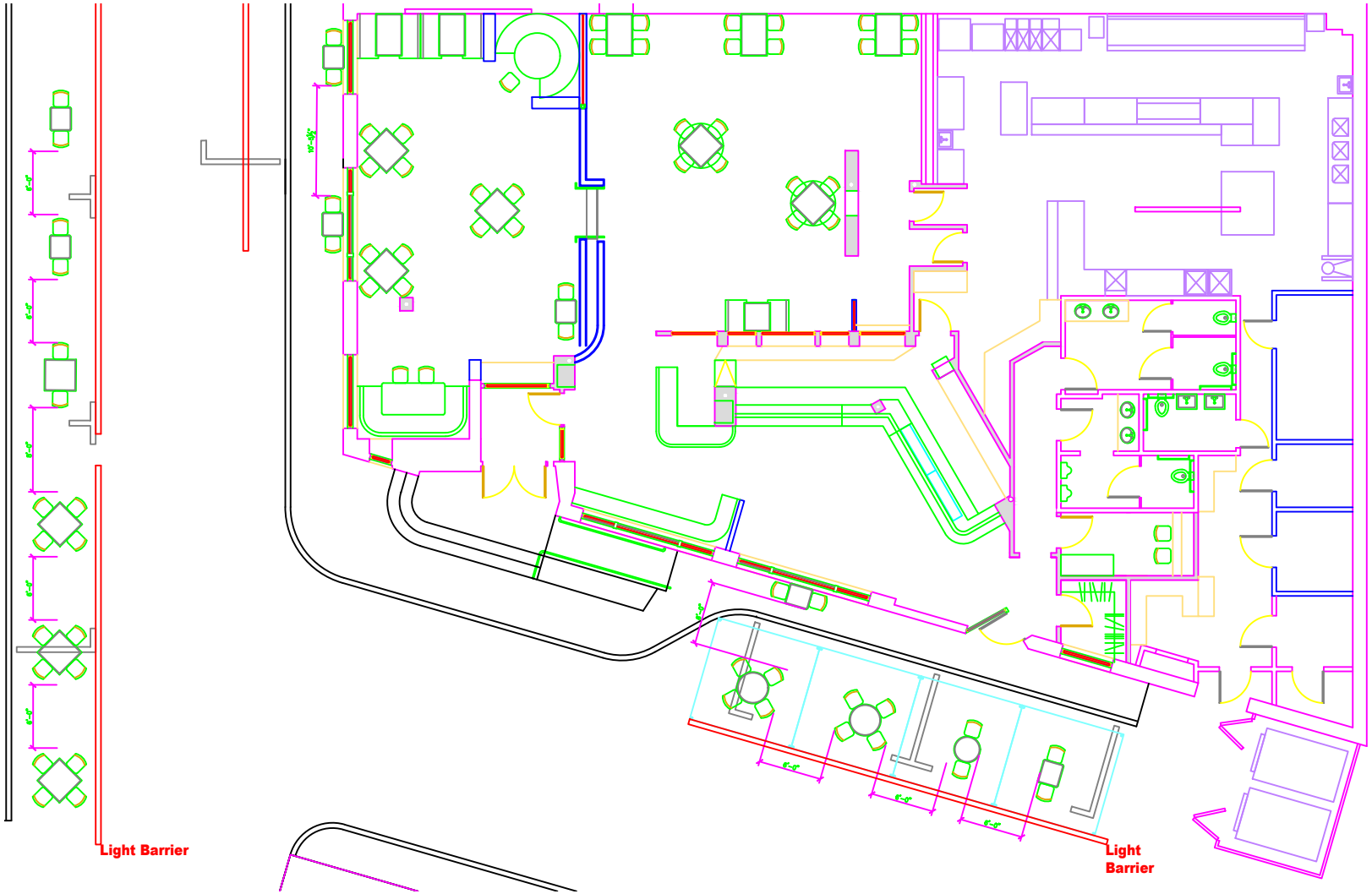
I attest that I have read and understand the Town of Winchester's Outdoor Dining Bylaw, Chapter 20 of the Code of Bylaws, and that all necessary documentation is true and correct.

George Wu
Applicant Signature

6-9-2020
Date

Checklist for Application

-Signed Application Form	x
-Proof of Business Ownership	x
-If premises is leased, copy of lease or written permission by the building owner	x
-Permit to operate a food establishment issued by the Winchester Board of Health	x
-Professionally drawn plan showing all tables and chairs (with at least 6' distance between all seated individuals) and all supporting documentation required in order to make a decision as to the license and shall also include a plan for outdoor lighting if any is proposed.	x
-Compliance with any other physical distancing requirements under state law and orders	x
-Location, size, and specifications of all **heavy separation** (jersey barriers, water-filled barriers, concrete barriers, filled barrels, large planters, flexible posts and delineators) and/or **light separation** (small planters, traffic barrels, sawhorses, movable parade barricades, or A-frames).	x
-Photos of location where outdoor seating will be placed	x
-Application Fee (waived to December 31, 2020)	x
-Certificate of Insurance naming the Town as additionally insured	x


Light Barrier
Light Barrier

China Sky
Gourmet Cuisine
HOUSE PUB

China Sky
Oriental Cuisine
CA 513
MALIBU

Sky
al Cuisine

TOWN OF WINCHESTER – OUTDOOR DINING APPLICATION

1. Applicant Name:	JAMES O'ROURKE
2. Business Name:	FIRST HOUSE PUB
3. Applicant d/b/a:	FIRST HOUSE LLC DBA FIRST HOUSE PUB
4. Applicant/Business Address:	528 MAIN ST. WINCHESTER, MA 01890
5. Applicant Phone:	781-910-1683
6. Applicant email:	FIRSTHOUSEPUB@YAHOO.COM
7. Owner of the Property:	LOCATELLI PROPERTIES
8. Address of Owner:	67 LEONARD ST, BELMONT, MA 02478
9. Contact Person and Telephone:	JIM TIERNEY 617-484-2675
10. Mailing Address:	67 LEONARD ST, BELMONT, MA 02478
11. Email Address:	JIMT@LOCATELLIPROPERTIES.COM
12. Proposed Dates of outdoor dining:	6/10/20 – 9/30/20
13. Proposed times of outdoor dining	NOON TO MIDNIGHT (KITCHEN TIL 10:30PM)

14. Does this establishment hold an Alcoholic Beverage License? YES ✓ NO ____

If yes, please see the Guidelines for Extension of Premises to Patio and Outdoor Areas issued by the ABCC in July 2015 and submit all required documentation, and a plan for serving alcohol to seated patrons at tables on the sidewalk, of if applicable in the public way through the closure of the street or portions of the street.

15. Have you had your license revoked, suspended, or been fined by the Town of Winchester, another municipality, or the Commonwealth of Massachusetts within the past 12 months?

YES ____ NO ✓

If yes, please explain.

16. A) Current indoor seating capacity 70 B) Proposed seating capacity for outdoor seating 50
17. Days and hours of operation 7 DAYS A WEEK

I attest that I have read and understand the Town of Winchester's Outdoor Dining Bylaw, Chapter 20 of the Code of Bylaws, and that all necessary documentation is true and correct.

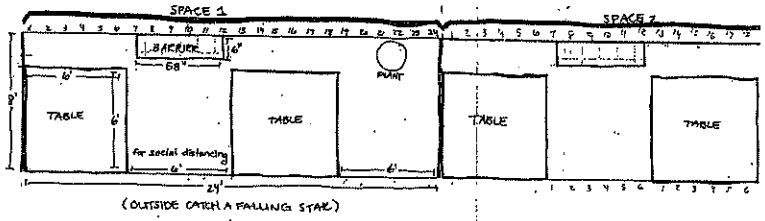
James O'Neil
Applicant Signature

6/9/20
Date

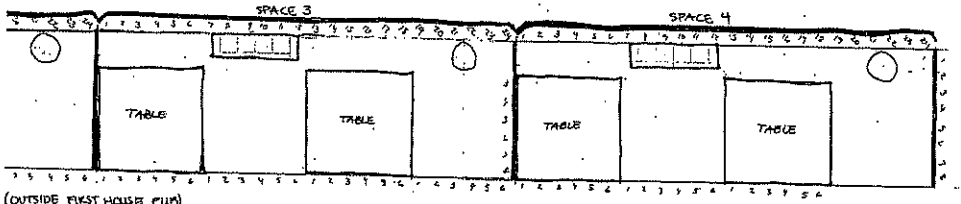
Checklist for Application

-Signed Application Form ✓
-Proof of Business Ownership ✓
-If premises is leased, copy of lease or written permission by the building owner ___
-Permit to operate a food establishment issued by the Winchester Board of Health ___
-Professionally drawn plan showing all tables and chairs (with at least 6' distance between all seated individuals) and all supporting documentation required in order to make a decision as to the license and shall also include a plan for outdoor lighting if any is proposed. ✓
-Compliance with any other physical distancing requirements under state law and orders ✓
-Location, size, and specifications of all **heavy separation** (jersey barriers, water-filled barriers, concrete barriers, filled barrels, large planters, flexible posts and delineators) and/or **light separation** (small planters, traffic barrels, sawhorses, movable parade barricades, or A-frames). ✓
-Photos of location where outdoor seating will be placed EMAIL
-Application Fee (waived to December 31, 2020) THANK YOU
-Certificate of Insurance naming the Town as additionally insured ✓

1 square = 1 foot



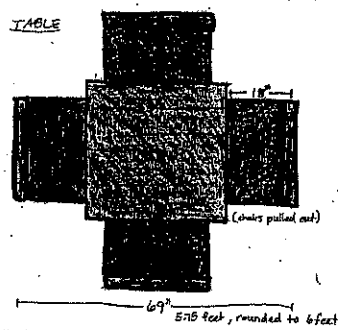
(OUTSIDE CATCH A FALLING STAR)



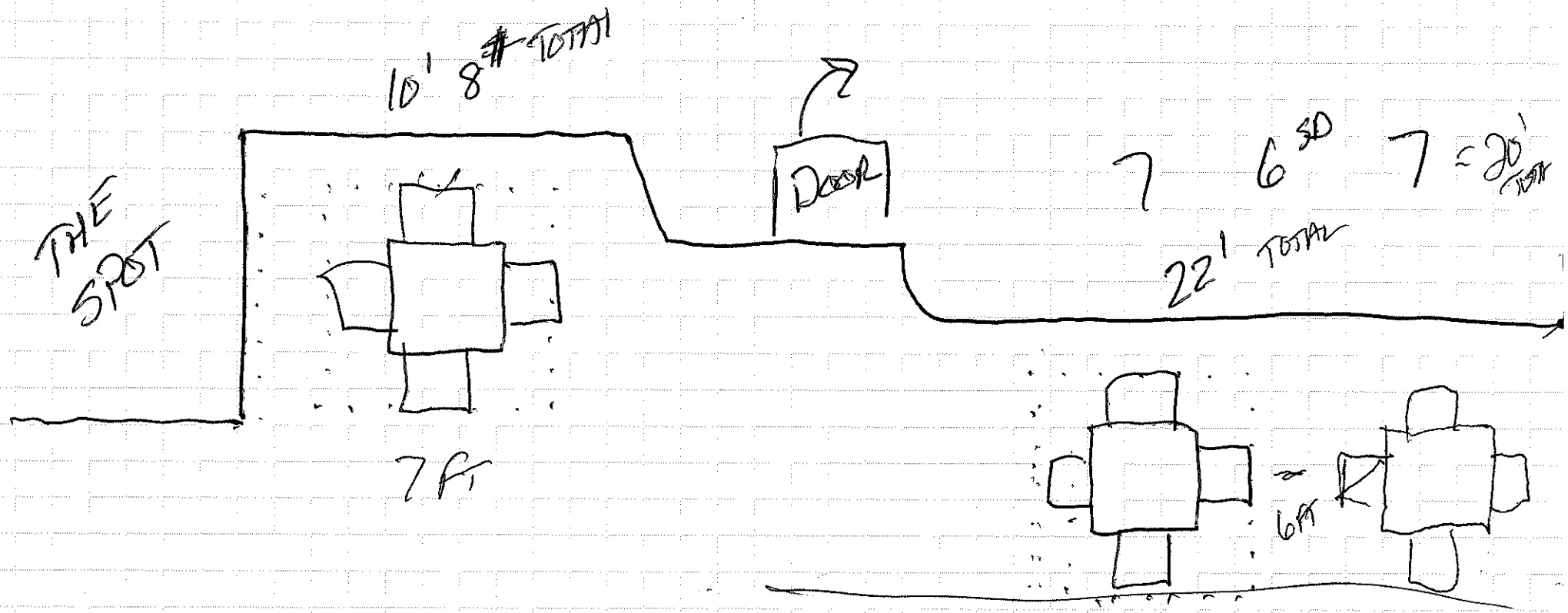
(OUTSIDE FIRST HOUSE PUB)

(OUTSIDE CENTURY BANK)

TABLE



BARRIER



BACK COURTYARD

TOWN OF WINCHESTER – OUTDOOR DINING APPLICATION

1. Applicant Name:	Mary McPartland
2. Business Name:	Frozen Hoagies
3. Applicant d/b/a:	Frozen Hoagies LLC
4. Applicant/Business Address:	534 Main St. Winchester, Ma 01890
5. Applicant Phone:	781-396-1551
6. Applicant email:	Mary@frozenhoagies.com
7. Owner of the Property:	Locatelli's Properties Winchester
8. Address of Owner:	67 Leonard St. Belmont, Ma. 02478
9. Contact Person and Telephone:	Jim Tierney 617-484-2200
10. Mailing Address:	67 Leonard St. Belmont, Ma. 02478
11. Email Address:	mailbox@Locatelliproperties.com
12. Proposed Dates of outdoor dining:	6/10 – 10/31/2020
13. Proposed times of outdoor dining	12pm – 9pm 7days a week

14. Does this establishment hold an Alcoholic Beverage License? YES____ NO X

If yes, please see the Guidelines for Extension of Premises to Patio and Outdoor Areas issued by the ABCC in July 2015 and submit all required documentation, and a plan for serving alcohol to seated patrons at tables on the sidewalk, of if applicable in the public way through the closure of the street or portions of the street.

15. Have you had your license revoked, suspended, or been fined by the Town of Winchester, another municipality, or the Commonwealth of Massachusetts within the past 12 months?

YES_____ NO X

If yes, please explain.

16. A) Current indoor seating capacity 8
B) Proposed seating capacity for outdoor seating 12

17. Days and hours of operation 12-9pm 7 days a week

I attest that I have read and understand the Town of Winchester's Outdoor Dining Bylaw, Chapter 20 of the Code of Bylaws, and that all necessary documentation is true and correct.

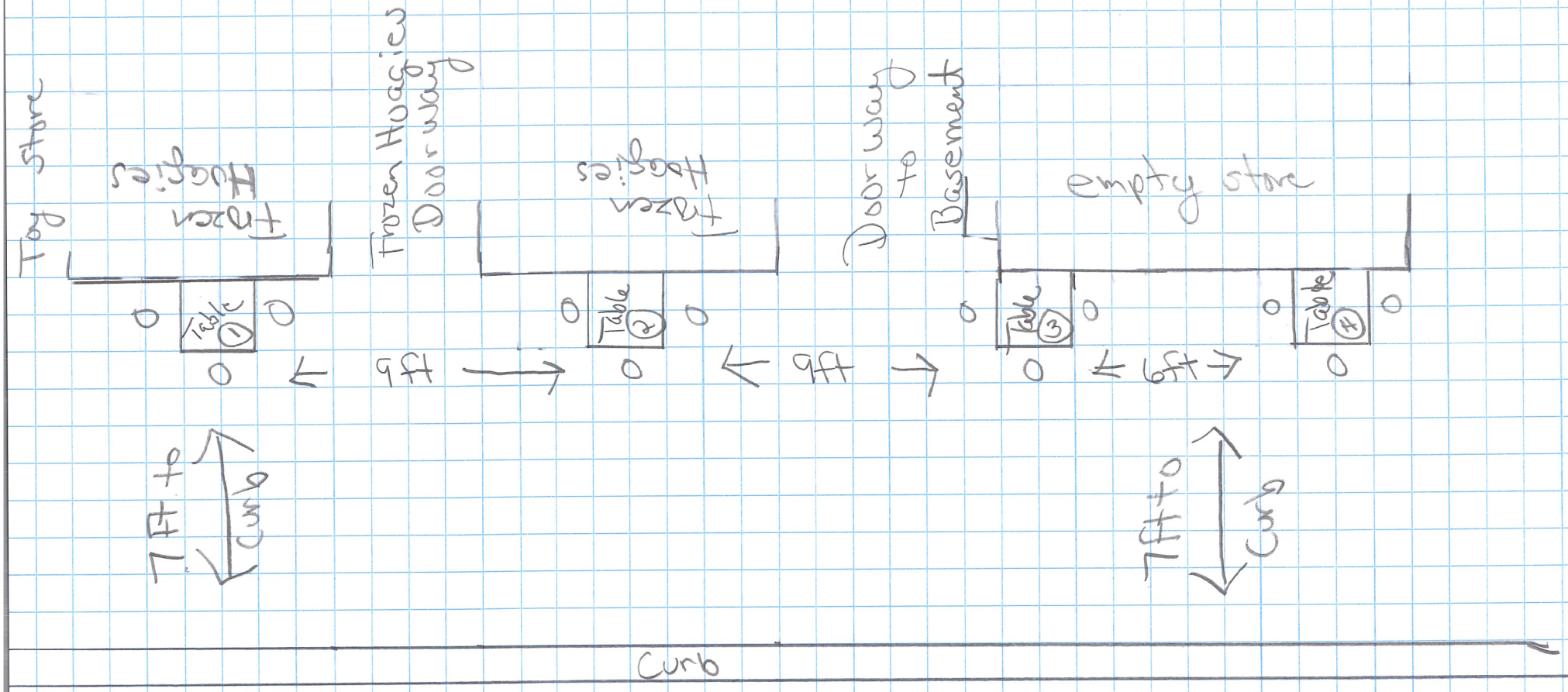
Applicant Signature

6/9/2020
Date

Checklist for Application

-Signed Application Form ✓
-Proof of Business Ownership ✓
-If premises is leased, copy of lease or written permission by the building owner ✓
-Permit to operate a food establishment issued by the Winchester Board of Health ✓
-Professionally drawn plan showing all tables and chairs (with at least 6' distance between all seated individuals) and all supporting documentation required in order to make a decision as to the license and shall also include a plan for outdoor lighting if any is proposed. ✓
-Compliance with any other physical distancing requirements under state law and orders ✓
-Location, size, and specifications of all **heavy separation** (jersey barriers, water-filled barriers, concrete barriers, filled barrels, large planters, flexible posts and delineators) and/or **light separation** (small planters, traffic barrels, sawhorses, movable parade barricades, or A-frames). NA
-Photos of location where outdoor seating will be placed ✓
-Application Fee (waived to December 31, 2020) ✓
-Certificate of Insurance naming the Town as additionally insured ✓

Frozen Hoagies Outdoor Seating Plan



← Main Street →

4 Tables & 12 chairs

each block is 1 foot 1/4 inch

Tables are 27" x 27"

only using the side walk & There is 7 ft of sidewalk left

MA SOC Filing Number: 201140648110 Date: 4/13/2011 5:37:00 PM

The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: $500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization
(General Laws, Chapter)

Federal Employer Identification Number: 001050859 *(must be 9 digits)*

1. The exact name of the limited liability company is: FROZEN HOAGIES LLC

2a. Location of its principal office:
No. and Street: 534 HIGH ST
City or Town: MEDFORD State: MA Zip: 02155 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:
No. and Street: 534 HIGH ST
City or Town: MEDFORD State: MA Zip: 02155 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
RETAIL FROZEN DAIRY PRODUCTS, INCLUDING ICE CREAM SANDWICHES, CONES, CUPS, SLUSH, ETC. THIS WILL INCLUDE MOBILE AND BRICK AND MORTAR LOCATIONS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:
Name: MARY MCPARTLAND
No. and Street: 534 HIGH ST
City or Town: MEDFORD State: MA Zip: 02155 Country: USA

I, MARY MCPARTLAND resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	MARY MCPARTLAND MS	534 HIGH ST MEDFORD, MA 02155 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

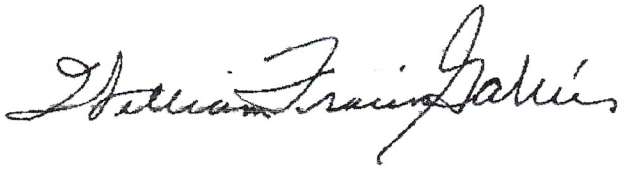
Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

MA SOC Filing Number: 201140648110 Date: 4/13/2011 5:37:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

April 13, 2011 05:37 PM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

LOCATELLI'S WINCHESTER REALTY TRUST
STANDARD FORM COMMERCIAL LEASE

1. PARTIES. The Trustees of Locatelli's Winchester Realty Trust, a Massachusetts Realty Trust with transferable shares u/d/t July 31, 1964 recorded with Middlesex District Registry of Deeds in Book 10598, Page 129, having its usual place of business in Belmont, Middlesex County, Massachusetts, (LESSOR, which expression shall include its successors and assignees where the context so admits), do hereby lease to Mary McPartland, having a usual place of business at 534 Main Street, Winchester, Massachusetts01890 (LESSEE, which expression shall include LESSEE's heirs, administrators, successors and assignees where the context so admits), and the LESSEE hereby leases subject to and with the benefit of the terms, covenants and conditions of this Lease, the following described premises:

2. PREMISES. The premises now numbered 534 Main Street, Winchester, Massachusetts containing approximately 1,103 square feet (hereafter called the "demised premises" or the "leased premises") reserving to LESSOR and those claiming by, through or under LESSOR, space for all pipes, ducts, conduits, wires, apparatus and appliances now or hereafter leading to and from or serving those portions of the building numbered 522-542 Main Street (inclusive) (hereafter sometimes called the "Building") of which the demised premises are a part, which are not hereby leased, and/or leading to and from or serving LESSOR'S adjacent buildings numbered 2-24 Thompson Street and 1-9 Winchester Terrace (inclusive) (hereinafter sometimes called the "Adjoining Buildings") (LESSOR's land, the Building and Adjoining Buildings are hereinafter sometimes collectively referred to as the "Property").

3. TERM. The term of this lease shall commence on August 1, 2019 (the "Commencement Date") and shall end on July 31, 2028.

4. BASE RENT and PERCENTAGE RENT. The LESSEE shall pay to the LESSOR rent at the rate of See Rider (Paragraphs #24, #25, & #28).

5. SECURITY DEPOSIT. LESSEE shall pay to the LESSOR the amount of Eight Thousand One Hundred and Fifty Dollars ($8,150.00), of which Four Thousand Seventy Five Dollars ($4,075.00) will be due at Lease signing and Four Thousand Seventy Five Dollars ($4,075.00) will be due on August 1, 2020. The security deposit shall be held as security for the LESSEE'S performance as herein provided and refunded to the LESSEE at the end of the lease with no interest thereon, subject to the LESSEE'S satisfactory compliance with the conditions hereof.

6. ADDITIONAL RENT ADJUSTMENT. The LESSEE shall pay to the LESSOR as additional rent See Rider (Paragraphs #29 & #30).

7. UTILITIES. The LESSOR has arranged for the leased premises to be served by certain utilities, all subject to interruption due to any accident, to the making of repairs, alterations or improvements, to labor difficulties, to trouble in obtaining fuel, electricity, service or supplies from the source from which they are usually obtained for said Property, or to any cause beyond the LESSOR'S reasonable control. LESSEE shall pay directly to the proper authorities charged with the collection thereof for all LESSEE's utilities used or consumed on the leased premises; provided, however, if such utility service is not separately metered, LESSOR shall invoice LESSEE for its share of any such utility charges and LESSEE shall promptly pay such invoice. In the event work performed by, or any negligence of, LESSOR its agents, employees or contractors is the cause of an interruption or failure in the supply of any utility or service to the leased premises, LESSOR shall use reasonable efforts to promptly cause such service to be restored, but in no event whatsoever will LESSOR be liable to LESSEE for any damages arising out of any failure or interruption in the supply of any such utility service, including without limitation, any lost profits, direct, indirect, incidental or consequential damages.

8. USE OF LEASED PREMISES. The LESSEE shall use the demised premises for the sole purpose of selling at retail, ice cream, baking cookies, candies, soda, and operating a first quality ice cream and food business. The leased premises shall remain open for business Monday through Sunday at least for the hours of 12PM to 9PM and shall be fully stocked and staffed.

TOWN OF WINCHESTER – OUTDOOR DINING APPLICATION

1. Applicant Name:	Anna F. Frattaroli
2. Business Name:	Zia Maria Restaurant Inc., d/b/a Lucia Ristorante, Winchester
3. Applicant d/b/a:	d/b/a Lucia Ristorante, Winchester
4. Applicant/Business Address:	13 Mt. Vernon St., Winchester, MA. 01890
5. Applicant Phone:	781-729-0515
6. Applicant email:	anna@filmarkhg.com
7. Owner of the Property:	Anna & Filippo Frattaroli
8. Address of Owner:	3 Azalea Rd., Winchester, MA. 01890
9. Contact Person and Telephone:	Anna F. Frattaroli 617-605-7001
10. Mailing Address:	13 Mt. Vernon St., Winchester, MA. 01890
11. Email Address:	anna@filmarkhg.com
12. Proposed Dates of outdoor dining:	Immediately upon approval- Thursday, June 11, 2020 and extending approximately until State permits indoor seating at 100% capacity.
13. Proposed times of outdoor dining	Serving lunch and dinner 7 days/week- 11:30am to 11pm

14. Does this establishment hold an Alcoholic Beverage License? YES ✓ NO____

If yes, please see the Guidelines for Extension of Premises to Patio and Outdoor Areas issued by the ABCC in July 2015 and submit all required documentation, and a plan for serving alcohol to seated patrons at tables on the sidewalk, of if applicable in the public way through the closure of the street or portions of the street.

15. Have you had your license revoked, suspended, or been fined by the Town of Winchester, another municipality, or the Commonwealth of Massachusetts within the past 12 months?

YES_____ NO ✓

If yes, please explain.

16. A) Current indoor seating capacity 319 guests B) Proposed seating capacity for outdoor seating 52 guests	
17. Days and hours of operation 7 days / 11:30am to 11pm	

I attest that I have read and understand the Town of Winchester's Outdoor Dining Bylaw, Chapter 20 of the Code of Bylaws, and that all necessary documentation is true and correct.

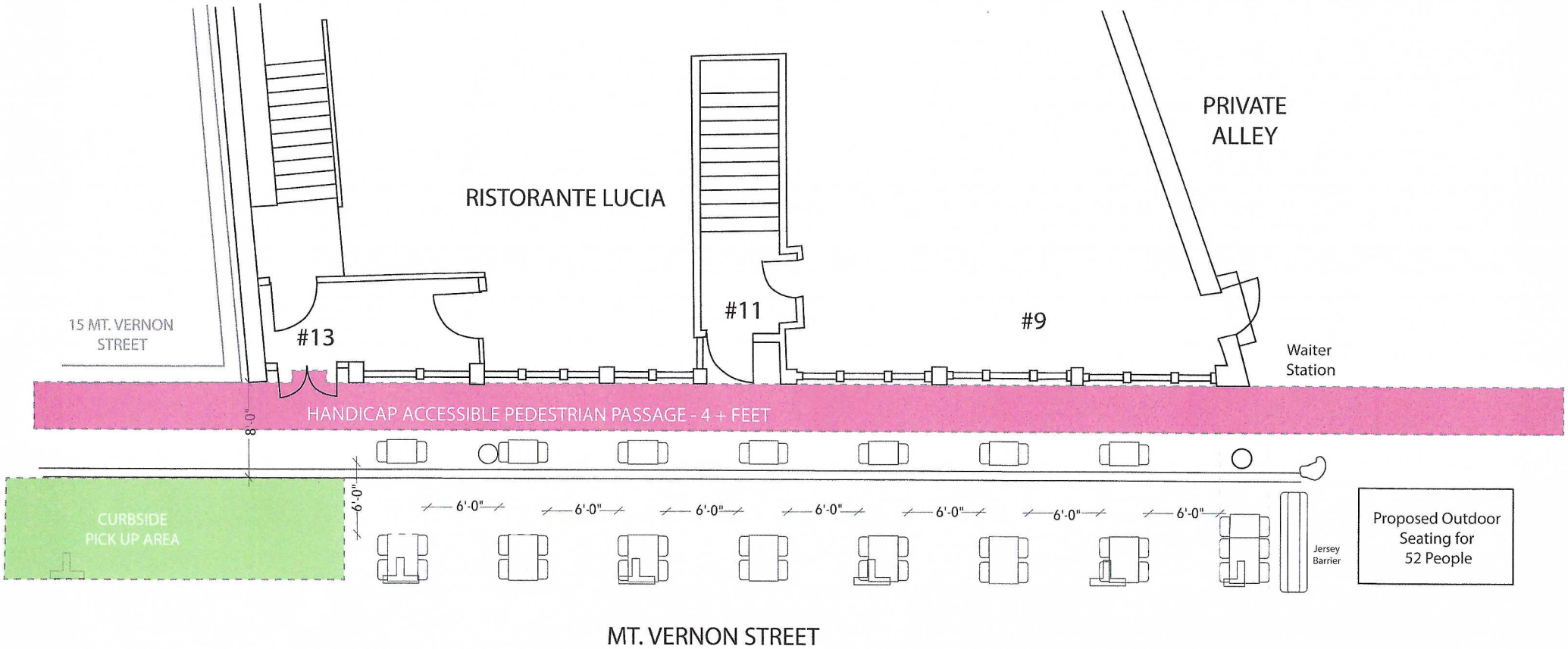
Anna Frattaroli
Applicant Signature

June 9, 2020
Date

Checklist for Application

-Signed Application Form	✓
-Proof of Business Ownership	
-If premises is leased, copy of lease or written permission by the building owner	*
-Permit to operate a food establishment issued by the Winchester Board of Health	existing **
-Professionally drawn plan showing all tables and chairs (with at least 6' distance between all seated individuals) and all supporting documentation required in order to make a decision as to the license and shall also include a plan for outdoor lighting if any is proposed.	✓
-Compliance with any other physical distancing requirements under state law and orders	✓
-Location, size, and specifications of all **heavy separation** (jersey barriers, water-filled barriers, concrete barriers, filled barrels, large planters, flexible posts and delineators) and/or **light separation** (small planters, traffic barrels, sawhorses, movable parade barricades, or A-frames).	✓
-Photos of location where outdoor seating will be placed	✓
-Application Fee (waived to December 31, 2020)	✓
-Certificate of Insurance naming the Town as additionally insured	✓

* we are also the owners of the building.
** we are current holders of a permit to operate a food establishment (now in our 35th year in Winchester) on premises.


PRIVATE ALLEY
RISTORANTE LUCIA
15 MT. VERNON STREET
#13
#11
#9
Waiter Station
HANDICAP ACCESSIBLE PEDESTRIAN PASSAGE - 4 + FEET
8'-0"
6'-0"
6'-0"
6'-0"
6'-0"
6'-0"
6'-0"
6'-0"
6'-0"
CURBSIDE PICK UP AREA
Jersey Barrier
Proposed Outdoor Seating for 52 People
MT. VERNON STREET

Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114

Deborah B. Goldberg
Treasurer and Receiver General

Kim S. Gainsboro, Esq.
Chairman

GUIDELINES FOR EXTENSION OF PREMISES TO PATIO AND OUTDOOR AREAS

1. Alcoholic beverages cannot be served outside of a licensed establishment unless and until an application to extend the licensed premises has been approved.

2. An application to extend the premises must describe the area in detail, including dimensions, seating capacity, and maximum occupancy.

3. The premises must be enclosed by a fence, rope, or other means to prevent access from a public walkway.

4. The outdoor area must be contiguous to the licensed premises with either (a) a clear view of the area from inside the premises, or, alternatively (b) the licensee may commit to providing management personnel dedicated to the area.

5. The applicant must have a lease or documents for the right to occupy the proposed area.

6. The licensing authorities should consider the type of neighborhood and the potential for noise in the environs.

7. Preferred are outdoor areas where alcohol is served to patrons who are seated at the tables and where food is also available.

Approved July 28, 2015 (superseding August 22, 1989, Guidelines)

June 9, 2020

Plan for Adherence to Guidelines for Extension of Premises to Patio and Outdoor Areas-

1. Application to Town of Winchester has been submitted. We have developed this plan for outdoor seating for Lucia Ristorante, Winchester as a result of State of Massachusetts Phase II reopening restrictions (Covid-19)
2. The area will consist of the area directly in front of Lucia Ristorante, Winchester from approximately #5 Mt. Vernon St. to #13 Mt. Vernon St.
3. The area will be enclosed by a rope/fence to as to prevent access from a public walkway.
4. The outdoor area is physically located immediately in front of the restaurant. There is a clear view of the area from inside the premises and we will provide management staff dedicated to the area.
5. We do have permission from the landlord to occupy the proposed area.
6. Lucia Ristorante, Winchester is located in the center business district. We are diagonal from the Winchester Police and Fire Departments.
7. Alcoholic beverages will be served to patrons seated at tables and food will also be available during service.

Respectfully submitted,

Anna F. Frattaroli

Anna F. Frattaroli

LUCIA
RISTORANTE & BAR
NO
PARKING
PICK
UP
ONLY

FILLHOS-01 JHOGAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/9/2020

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

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

PRODUCER
Roblin Insurance Agency
144 Gould Street Suite 100
Needham, MA 02494

CONTACT NAME:
PHONE (A/C, No, Ext): (781) 455-0700 FAX (A/C, No): (781) 449-8976
E-MAIL ADDRESS: certificates@roblininsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Property Casualty Company of America	25674
INSURER B : Travelers Casualty Insurance Company of Americ	19046
INSURER C : Travelers Indemnity Company	25658
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Filmark Hospitality Group LLC
415 Hanover Street
Boston, MA 02113

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR X Liquor GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:			680-3L87081A-19-42	10/19/2019	10/19/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG LIQUOR	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / X SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			BA-6N751122-19-42	10/19/2019	10/19/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED X RETENTION $ 5,000			CUP-9K891045-19-42	10/19/2019	10/19/2020	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		UB-2L526225-19-42	10/19/2019	10/19/2020	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Lucia Ristorante, 9-11 Mt. Vernon St, Winchester, MA 01890
Town of Winchester is additional insured with regard to Liability policies.

CERTIFICATE HOLDER

Town of Winchester

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Peter Roblin

© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD