



**PUBLIC NOTICE POSTING REQUEST**  
**OFFICE OF THE LEICESTER TOWN CLERK**  
**ORGANIZATION: Select Board Meeting**

**MEETING: X**

**PUBLIC HEARING:**

**DATE: April 1, 2024**

**TIME: 6:00pm**

**LOCATION: Select Board Conference Room, 3 Washburn Sq, Hybrid**

**REQUESTED BY: Maria Cataloni, Executive Assistant**

*Agenda packet and associated documents can be found at [www.leicesterma.org/bos](http://www.leicesterma.org/bos). This agenda lists all matters anticipated for discussion; some items may be passed over, and other items not listed may be brought up for discussion to the extent permitted by law. Votes may be taken on any item brought before the Board at its meeting. Select Board meetings are recorded by LCAC. Any member of the public planning to record the meeting must first notify the Chair.*

**PLEASE SILENCE ALL CELL PHONES DURING THE MEETING**

<https://app.goto.com/meeting/534733493>

(571) 317-3122; Access Code: 534-733-3493

**CALL TO ORDER/OPENING**  
**VETERANS POEM**

**1. SCHEDULED ITEMS**

- a. 6:00 – Change of Manager, Federation of Eagles, 850 Main Street
- b. 6:10 – Change of Manager, Leicester Package Store, 869 Main Street
- c. 6:20 – Western Mass Energy Improvement Project – National Grid

**2. CIVIC ANNOUNCEMENTS**

- a. Town Meeting – May 7, 2024

**3. RESIGNATIONS AND APPOINTMENTS**

- a. Appointment: Ives Fisher, Police Officer
- b. Appointment: Pauline Gallagher, Bark Park
- c. Appointment: Harold Leaming, Fence Viewer

**4. OTHER BUSINESS**

- a. Tax lien sale – 474 Marshall Street
- b. Permitting update – Building Inspector
- c. CMHA Meeting Update

**ADJOURN**

## **Change of Manager**

- Manager Application
- CORI Authorization
- Vote of the Entity
- Proof of Citizenship (Manager must be U.S. citizen)
- Payment Receipt



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM**

**AMENDMENT-Change of Manager**

**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 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 checked="" 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 checked="" 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 SUBMIT THIS  
APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL**

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

## APPLICANT'S STATEMENT

I, ROBERT MORSE the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager  
Authorized Signatory  
of LEICESTER, SPENCER FOE  
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:

Robert A Morse

Date:

11-14-2023

Title:

TREASURER





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

**AMENDMENT-Change of Manager**

☒ **Change of License Manager**

**1. BUSINESS ENTITY INFORMATION**

Entity Name

Municipality

ABCC License Number

LEICESTER/SPENCER FRATERNAL ORDER EAGLES

LEICESTER

00037-CL-0600

**2. APPLICATION CONTACT**

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

Name

Title

Email

Phone

ROBERT MORSE

TREASURER

**3A. MANAGER INFORMATION**

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

Proposed Manager Name THOMAS LEVESQUE

Date of Birth

SSN

Residential Address

Email

Phone

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

20

Last-Approved License Manager

John Ritchie

**3B. CITIZENSHIP/BACKGROUND INFORMATION**

Are you a U.S. Citizen?\*

☒ Yes ☐ No \*Manager must be 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

**3C. EMPLOYMENT INFORMATION**

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

Start Date	End Date	Position	Employer	Supervisor Name
4/92	present	Foreman	FC Construction	George Pumba

**3D. 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

Date

11-14-23



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: (IF EXISTING LICENSEE)	00087-CL-0600	LICENSEE NAME:	LEICESTER/SPENCER FRATERNAL ORDER OF EAGLES	CITY/TOWN:	LEICESTER
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**APPLICANT INFORMATION**

LAST NAME:	LEVESQUE	FIRST NAME:	THOMAS	MIDDLE NAME:	-
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:			
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE #:		STATE LIC. ISSUED:	
GENDER:		HEIGHT:		WEIGHT:	
EYE COLOR:					
CURRENT ADDRESS:					
CITY/TOWN:		STATE:	ZIP:		
FORMER ADDRESS:					
CITY/TOWN:		STATE:	ZIP:		

**PRINT AND SIGN**

PRINTED NAME:	THOMAS LEVESQUE	APPLICANT/EMPLOYEE SIGNATURE:	
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**NOTARY INFORMATION**

On this	6 <sup>th</sup> November 2023	before me, the undersigned notary public, personally appeared	Thomas Levesque
(name of document signer), proved to me through satisfactory evidence of identification, which were		Known to me	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
		NOTARY	

**DIVISION USE ONLY**

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

The DCIJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCIJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCIJ via mail or by fax to (617) 660-4614.

### ENTITY VOTE

The Board of Directors or LLC Managers of LEICESTER/SPENCER FOE  
Entity Name  
duly voted to apply to the Licensing Authority of LEICESTER and the  
City/Town  
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 11/14/2022  
Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize ROBERT MORSE  
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."

"VOTED: To appoint THOMAS LEVESQUE  
Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,

Robert A Morse  
Corporate Officer /LLC Manager Signature

ROBERT A MORSE  
(Print Name)

For Corporations ONLY

A true copy attest,

Marlene C. Mesner  
Corporation Clerk's Signature

Marlene C. Mesner  
(Print Name)



## The Commonwealth of Massachusetts, William Francis Galvin Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

### Certificate of Change of Directors or Officers

(General Laws, Chapter 180, Section 6D)

No Fee

Identification Number: [REDACTED]

I,

☐ Clerk ☒ Assistant Clerk, (Select one)

of FRATERNAL ORDER OF EAGLES LEICESTER / SPENCER #4541, INC.

certify that pursuant to General Laws, Chapter 180, Section 6D, a change in the directors and/or the president, treasurer and/or clerk of said corporation has been made and that the name, residential street address, and expiration of term of the president, treasurer, clerk and each director are as follows:

Title	Individual Name	Address	Term expires	Edit	Delete
PRESIDENT	PATRICIA DURAND	[REDACTED]	05-31-2025	<a href="#">edit</a>	<a href="#">delete</a>
TREASURER	ROBERT MORSE	[REDACTED]	05-31-2025	<a href="#">edit</a>	<a href="#">delete</a>
CLERK	ROBERT KRUSAS JR	[REDACTED]	05-31-2025	<a href="#">edit</a>	<a href="#">delete</a>
DIRECTOR	PAUL DUPRE	[REDACTED]	05-31-2022	<a href="#">edit</a>	<a href="#">delete</a>

[Add new entry to this list](#)

#### Special filing instructions:

Indicate any special filing instructions that apply to this form:

#### Filer's contact information:

(Enter a contact name, mailing address, and e-mail and/or phone number.)

\* Contact name:

Business name:

\* Mailing address:

Additional address detail:

- Same Address as -

\* City, State, Zip code:

MA



## Krusas, Robert

**From:** customerservice@nCourt.com  
**Sent:** Monday, November 13, 2023 1:21 PM  
**To:** Krusas, Robert  
**Subject:** Receipt from nCourt

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

### Paid To

Name: Massachusetts Alcoholic Beverages Control Commission - Retail

Address 1: 95 Fourth Street, Suite 3

City: Chelsea

State: Massachusetts

Zip: 02150

### Payment On Behalf Of

First Name: Thomas

Last Name: Levesque

Address 1:

City:

Phone:

State/Territory

Zip

Description	ID	Service Fee	Amount
FILING FEES-RETAIL	00087-CL-0600	\$4.70	\$200.00

Receipt Date: 11/13/2023 1:20:39 PM EST

Invoice Number: 17b7a782-e6d0-4d8f-9659-88f6a49590a8

Total Amount Paid: **\$204.70**

### Billing Information

First Name Robert

Last Name Morse

Address 1

City

State/Territory

Zip

Email

### Credit / Debit Card Information

Card Type

Card Number

IMPORTANT INFORMATION >>

Please include the payment receipt with your application. Thank you.

Please verify the information shown above. Your payment has been submitted to the location listed above.

## Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email.



Transaction Processed Successfully.

INVOICE #: 17b7a782-e6d0-4d8f-9659-88f6a49590a8

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00087-CL-0600	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: **\$4.70**

Date Paid: **11/13/2023 1:20:39 PM EDT**

Total Amount Paid: **\$204.70**

### Payment On Behalf Of

**License Number or Business Name:**  
00087-CL-0600

**Fee Type:**  
FILING FEES-RETAIL

### Billing Information

**First Name:**  
Robert

**Last Name:**  
Morse

**Address:**

[REDACTED]

**City:**

[REDACTED]

**State:**

[REDACTED]

**Zip Code:**

[REDACTED]

**Email Address:**

[REDACTED]

*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM

AMENDMENT-Change of Manager

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)

00015-PK-0600

ENTITY/ LICENSEE NAME

LEICESTER PACKAGE STORE, INC.

ADDRESS

869 MAIN ST

CITY/TOWN

LEICESTER

STATE

MA

ZIP CODE

01524

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 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 checked="" 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="checkbox"/> Change of DBA                                |

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

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

*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**AMENDMENT-Change of Manager**

☐ Change of License Manager

**1. BUSINESS ENTITY INFORMATION**

Entity Name <b>LEICESTER PACKAGE STORE INC</b>	Municipality <b>LEICESTER MA</b>	ABCC License Number <b>00015-PK-0600</b>
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**2. APPLICATION CONTACT**

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

Name <b>JEFFREY S. CANANE</b>	Title 	Email 	Phone 
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**3A. MANAGER INFORMATION**

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

Proposed Manager Name <b>JEFFREY CANANE</b>	Date of Birth 	SSN 	
Residential Address 			
Email 	Phone 		
Please indicate how many hours per week you intend to be on the licensed premises <b>40</b>		Last-Approved License Manager <b>RONALD E. CANANE</b>	

**3B. CITIZENSHIP/BACKGROUND INFORMATION**

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

**3C. EMPLOYMENT INFORMATION**

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

Start Date	End Date	Position	Employer	Supervisor Name
<b>1981</b>	<b>2021</b>	<b>MANAGER</b>	<b>JAN'S PACKAGE STORE</b>	<b>JEFFREY S. CANANE</b>

**3D. 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 <b>Ronald E. Canane</b>	Date <b>Dec 13 2023</b>
--	----------------------------



## APPLICANT'S STATEMENT

I, RONALD E. CANANE the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager  
Authorized Signatory

of LEICESTER PACKAGE STORE INC.  
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:

Ronald E. Canane

Date:

Dec 13 2023

Title:

MANAGER

## ENTITY VOTE

**The Board of Directors or LLC Managers of**

LEICESTER PACKAGE STORE, INC.

Entity Name

duly voted to apply to the Licensing Authority of

LEICESTER

and the

City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

12	11	2023
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Date of Meeting

For the following transactions (Check all that apply):

 Change of Manager☐ Other

**"VOTED: To authorize**

RONALD E. CANANE

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."

"VOTED: To appoint

JEFFREY S. CANANE

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts.”

A true copy attest,

For Corporations ONLY

A true copy attest,

Ronald E. Cunniff

Corporate Officer /LLC Manager Signature

Ronald E Canank

(Print Name)

Ronald E. Canine

Corporation Clerk's Signature

Ronald E. Canane

(Print Name)



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: (IF EXISTING LICENSED)	LICENSEE NAME: <b>LEICESTER PACKAGE STORE</b>	CITY/TOWN: <b>LEICESTER</b>
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**APPLICANT INFORMATION**

LAST NAME: <b>CANANE</b>	FIRST NAME: <b>JEFFREY</b>	MIDDLE NAME: <b>SCOTT</b>
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH:	
DATE OF BIRTH:	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME:	DRIVER'S LICENSE #	STATE LIC. ISSUED
GENDER:	HEIGHT:	WEIGHT:
EYE COLOR:		
CURRENT ADDRESS:		
CITY/TOWN:	STATE:	ZIP:
FORMER ADDRESS:		
CITY/TOWN:	STATE:	ZIP:

**PRINT AND SIGN**

PRINTED NAME: <b>JEFFREY CANANE</b>	APPLICANT/EMPLOYEE SIGNATURE:
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**NOTARY INFORMATION**

On this <b>13<sup>th</sup> day of Dec. 2023</b>	before me, the undersigned notary public, personally appeared <b>Jeffrey Canane</b>
(name of document signer), proved to me through satisfactory evidence of identification, which were <b>MA DL</b>	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.	
NOTARY	

**DIVISION USE ONLY**

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE
The DCII Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to (617) 650-6634.	



## Payment Confirmation

### YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email and via text message.



Transaction Processed Successfully.

INVOICE #: a189df6c-d115-4577-86b7-c4d9108d3efb

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00015-PK-0600	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70

Date Paid: 3/13/2024 3:26:15 PM EDT

#### Payment On Behalf Of

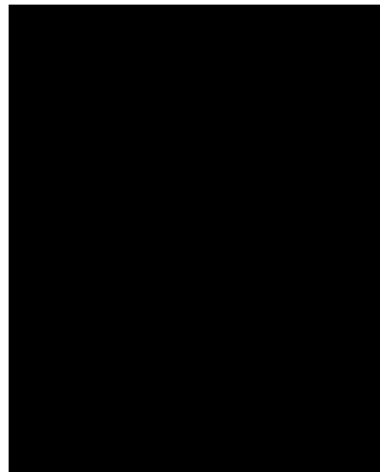
License Number or Business Name:  
00015-PK-0600

Fee Type:  
FILING FEES-RETAIL

#### Billing Information

First Name:  
JEFFREY

Last Name:  
CANANE





# Central to Western Mass Energy Improvement Project

Leicester, MA – Select Board Meeting

April 1, 2024

**nationalgrid**



# Tonight's Agenda

- **Project Overview**
- **Structure Comparison**
- **Permitting Overview**
- **Project Schedule**
- **Contact Info**



# Project Overview

## Central to Western Mass Energy Improvement Project

### Need

The Central to Western Mass Energy Improvement Project (Project) will enhance existing National Grid electrical assets which may affect system reliability throughout Central and Western Massachusetts. As currently proposed, the Project will rebuild active transmission and tap lines within an existing National Grid Right-of-Way (ROW.) This rebuild will include replacement of the existing 69kV double circuit lattice structures with double circuit monopole structures. This replacement will allow for additional transmission capacity, as we all plan to electrify our future.

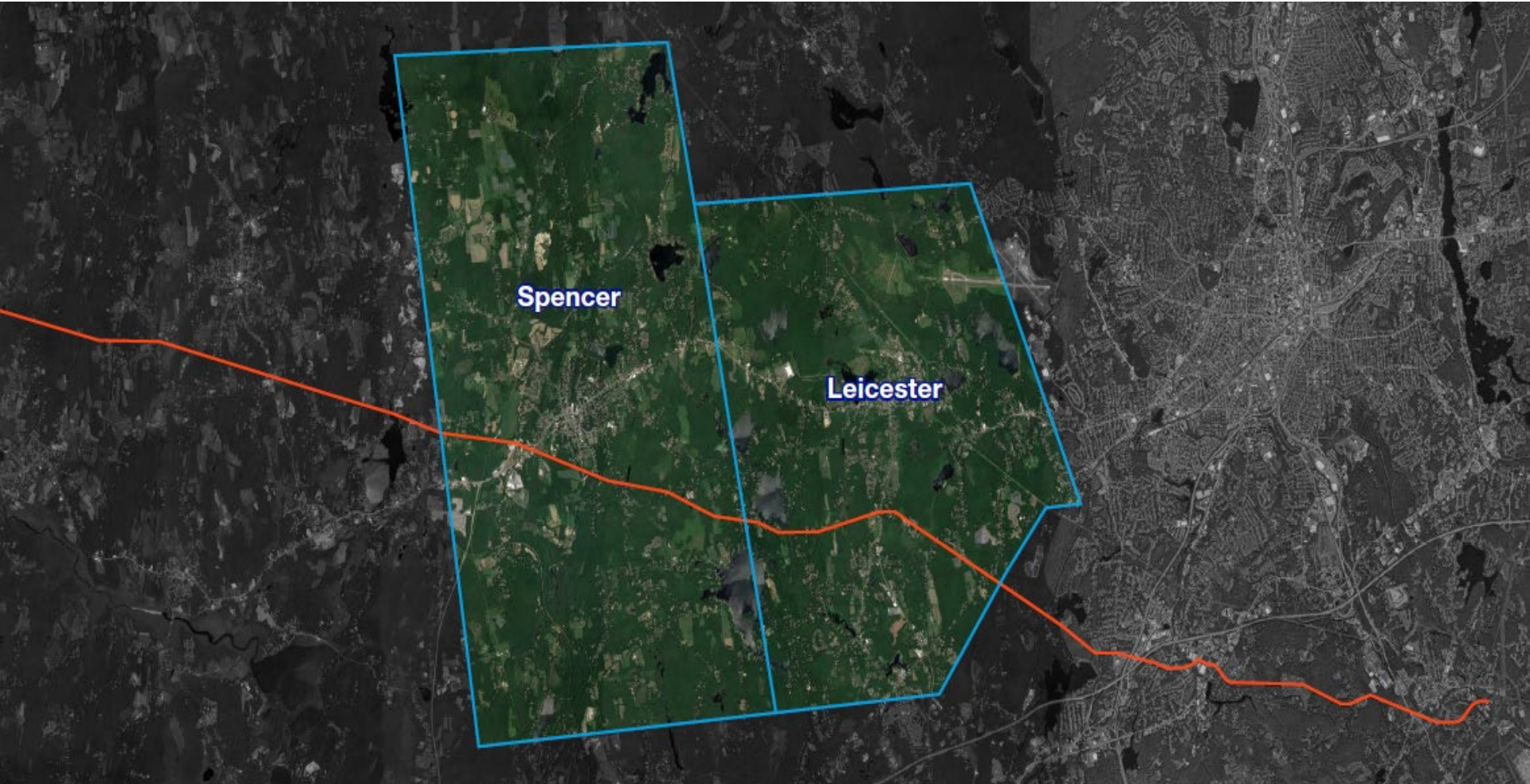
### Scope

Complete rebuild of the transmission and tap lines including:

- Replace 26 existing structures with new structures and wire
- Installation of Optical Ground Wire (OPGW)
- Perform associated vegetation removal and tree clearing to the full width of the existing ROW
- Access improvements as necessary



# Area Overview: Central to Western Mass Energy Improvement Project Leicester, MA





# Structure Comparison – Mainline



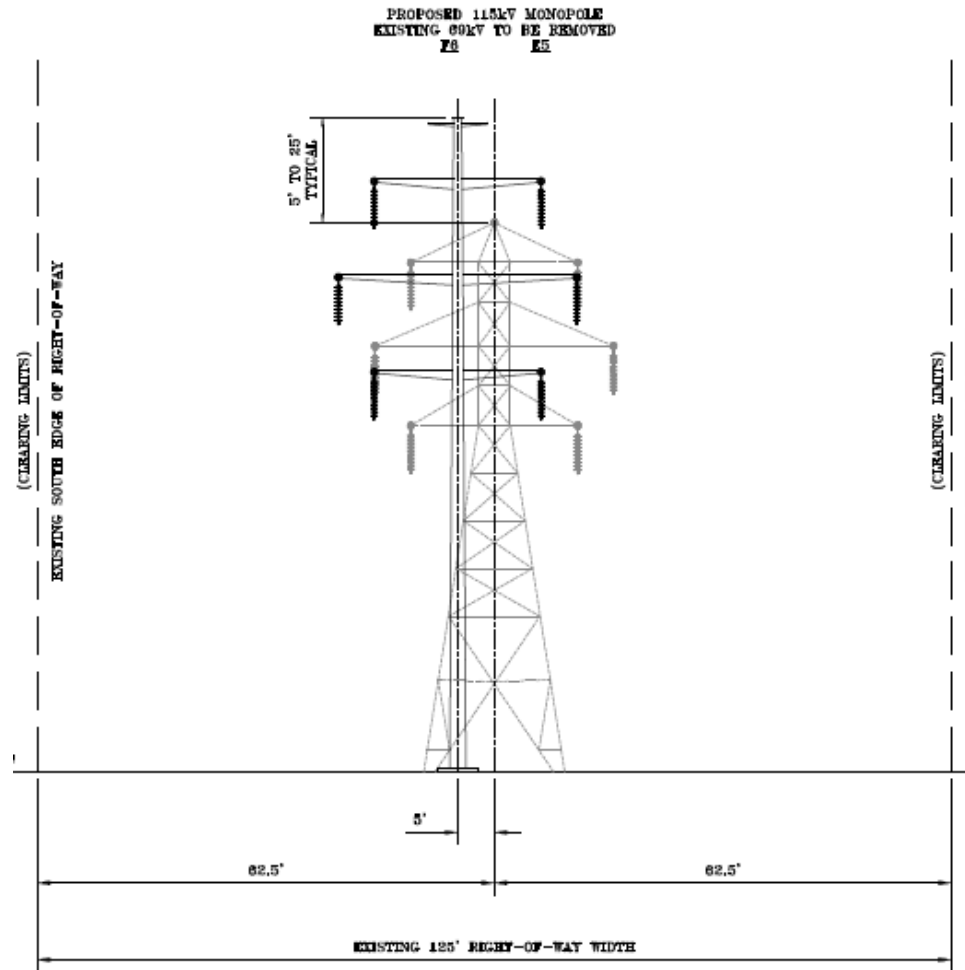
E5-F6 Str 571

*Typical E5/F6 lattice tower structure in Leicester*



*Example of double circuit structure*

# Structure Comparison – Mainline



Typical ROW Cross-Section – E5/F6 Lines

# Permitting Process

## Energy Facilities Siting Board (EFSB):

- Ensures that projects will provide a reliable energy supply, with a minimum impact on the environment, at the lowest possible cost.
- Reviews need, alternatives, environmental impacts, costs
- Opportunity for municipal and abutter participation

*Anticipated Schedule: 2024 – 2027*

## Environmental Permitting (not all inclusive):

- EOEAA – MEPA Review: ENF Filed – ENF Anticipated Filing Date May 2024
- DEP – 401 Water Quality Certificate
- Department of Environmental Protection (DEP) - Chapter 91 Waterways
- DEP - Wetlands Protection Act - Order of Conditions
- DCR – Construction Access Permit
- U.S. Army Corps of Engineers – Section 404 General Permit

*Anticipated Schedule: 2024 – 2027*


## Local Permitting:

- Municipal Conservation Commissions - Wetlands Protection Act Order of Conditions
- Municipal and State Non-Environmental Permitting as required (e.g. DOT, DCR, etc.)

*Anticipated Schedule: 2025 – 2026*

# Project Schedule

*\*Dates subject to change*



## **Stakeholder Outreach:** Fall 2023 – Ongoing

Mailed Notifications, Project Website, Local Meetings, and more

## **Field Assessments:** Summer 2023 – Ongoing

Construction Reviews, Environmental Field Work, Land Survey, Access Reviews, Cultural Resource Testing, Soil Borings, Vegetation Management Support

## **Vegetation Management:**

Prior to Soil Borings: Summer 2023 – Fall 2024

Prior to Construction: Early 2027

## **Permitting:** 2024 to 2027

Includes federal, state and local reviews

## **Construction and Restoration:** 2028 to 2033

Locations will be communicated prior to commencement



# Construction



## Pre-Construction Activities



*Timber Mats "matting"*



*Sediment Controls*



*Crushed Stone*

## Typical T-Line Construction Equipment



*Excavator*



*Drill Rig*



*Terrain Crane*



*Concrete Truck*



*Pumper*



*Crane Bucket Truck*



*Puller*



*Wire Trailer*



# Thank You!



For more information, please visit or reach our Public Outreach team at:

Dedicated Project Hotline: **888-431-3536**

Email: [info@CMAtoWMAenergy.com](mailto:info@CMAtoWMAenergy.com)

Website: [www.CMAtoWMAenergy.com](http://www.CMAtoWMAenergy.com)



# Leicester Police Department

90 South Main Street  
Leicester, MA 01524

[www.leicesterpd.org](http://www.leicesterpd.org)



Chief

**Kenneth M. Antanavica**

[antanavicak@leicesterpd.org](mailto:antanavicak@leicesterpd.org)

**Emergency: 911**

Non-Emergency: 508-892-7009

Non-Emergency: 508-892-7010

Fax: 508-892-7012

March 21, 2024

**RE: Conditional Offer of Employment - Leicester Police Officer**

Dear Ives Fisher

The Leicester Police Department is pleased to make you a Conditional Offer of Employment as a Police Officer. This conditional offer of employment is contingent upon your successful completion of the following:

1. Physical examination (including drug test)
2. Psychological examination
3. Resolution of outstanding background issues (if any)
4. Appointment to the position by the Town of Leicester Select Board (appointing authority)
5. Meet all criteria outlined by the POST (Police Officers Standards and Training commission)

Please note that **this is not** an appointment by the Select Board as a "police officer".

If the above conditions are met and you receive an appointment by the Select Board, you will be classified as a "provisional officer" until such time that you complete the Leicester PD FTO program. At the time the FTO program is completed, you will automatically go to regular full time Police Officer status. At that time, you will be able to join the N.E.B.P.A. Local 168 union and begin doing details and overtime shifts. Given your experience, we anticipate that your FTO program to be very brief. Please note that all new hires are considered to be on probationary status for one year from their date of hire.

You will be joining the Leicester Police Department as a non-civil service employee and will be covered by M.G.L. c.41, §111F (injured on duty) if such an injury occurs. Because of your years of full-time police service and your current pay grade, your starting pay grade will be at step 4 as found in the FY2022-2023 patrolman's MOU (\$30.31 per hour) with a 4-2 schedule). All other benefits will follow the patrolman's contract as you are a newly hired employee, including but not limited to shift bids and vacation bids.

Should you have any questions pertaining to this offer, please contact Sgt. Mathew Brady who is the Leicester Police official that is assigned to candidate screening.

Sincerely,

Kenneth M Antanavica  
Chief of Police

Cc: Town Administrator, LPD Background investigator, Background file.



## TOWN OF LEICESTER CITIZEN VOLUNTEER FORM

From time to time vacancies/resignations occur on various town boards and committees. Should you be interested in volunteering to serve the Town in any capacity, please complete this form. Information received will be made available to boards, committees, and departments for their reference in filling vacancies.

NAME Pauline Gallagher HOME TEL.                       
ADDRESS:                      Spencer, Massachusetts WORK TEL.                     

EMAIL ADDRESS:                     

Are you a citizen? ☒ Yes ☐ No Are you a registered voter? ☐ Yes ☐ No

- |   |  |
|---|--|
| <input type="checkbox"/> Advisory/Finance Committee         | <input type="checkbox"/> Economic Development Committee              |
| <input type="checkbox"/> Agricultural Commission            | <input type="checkbox"/> Historical Commission                       |
| <input type="checkbox"/> Arts Council                       | <input type="checkbox"/> Memorial Day Committee                      |
| <input type="checkbox"/> Bandstand Committee                | <input type="checkbox"/> Parks and Recreation Committee              |
| <input type="checkbox"/> Burncoat Park Planning Committee   | <input type="checkbox"/> Recycling Committee                         |
| <input type="checkbox"/> Bylaw Committee                    | <input type="checkbox"/> Road Conversion Committee                   |
| <input type="checkbox"/> Capital Improvement Planning Comm. | <input type="checkbox"/> Stormwater Committee                        |
| <input type="checkbox"/> Commission on Disabilities         | <input type="checkbox"/> Zoning Board of Appeals                     |
| <input type="checkbox"/> Conservation Commission            | <input checked="" type="checkbox"/> Other <u>Bark Park Committee</u> |

### AVAILABILITY FOR MEETINGS

How many times per month are you available for meetings?

☐ Four ☒ Two ☐ One ☐ Less than one

Are you available for evening meetings?

☒ Monday ☐ Tuesday ☒ Wednesday ☒ Thursday

Are you available throughout the year for committee meetings?

☐ Yes ☒ No

If not, when are you **NOT** available?

☐ Winter ☐ Spring ☐ Summer ☐ Autumn

EDUCATION:                     

Above Graduate Studies

(Please complete reverse side)

*Town of Leicester:* Are you currently or have you ever been employed by the Town? ☐ Yes ☒ No

*Other Experience: Start with present or last job (include title) and military service assignments. Exclude organizations' names which indicate race, religion, sex, or national origin.*

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I am interested in serving on this committee as I am very grateful for the Bark Park and would like to see it thrive. I have already been cleaning up any mess when I see trash or dog

Please indicate your field(s) of training or experience below, as appropriate. Your application will be added to the list of residents who have expressed an interest in serving in similar capacities.

<input type="checkbox"/> Architecture	<input type="checkbox"/> Communications	<input type="checkbox"/> Computer Technology
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Economics	<input checked="" type="checkbox"/> Education
<input type="checkbox"/> Engineering, Civil	<input type="checkbox"/> Engineering, Electronic	<input checked="" type="checkbox"/> Engineering, Mechanical
<input type="checkbox"/> Financial Administration	<input checked="" type="checkbox"/> Fine Arts	<input type="checkbox"/> Government Contracts
<input checked="" type="checkbox"/> Health Care	<input type="checkbox"/> Historic Activities	<input checked="" type="checkbox"/> Human Services
<input type="checkbox"/> Insurance	<input type="checkbox"/> Land Use Planning	<input checked="" type="checkbox"/> Grant Writing
<input type="checkbox"/> Law	<input type="checkbox"/> Management	<input type="checkbox"/> Personnel Administration
<input type="checkbox"/> Property Appraisal	<input checked="" type="checkbox"/> Public Relations	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Science	<input type="checkbox"/> Statistics	<input type="checkbox"/> Survey Research
<input type="checkbox"/> Systems Analysis	<input type="checkbox"/> Transportation	

Other Skills & Interests: \_\_\_\_\_

Position/Activity	Date(s)	City or Town
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01-12-2024

Date \_\_\_\_\_

*Thank you for your interest in serving the Town of Leicester*





**Town of Leicester**  
**OFFICE OF THE TOWN ADMINISTRATOR**  
Town Hall, 3 Washburn Square  
Leicester, Massachusetts 01524-1333  
Phone: (508) 892-7077 Fax: (508) 892-7070  
[www.leicesterma.org](http://www.leicesterma.org)

March 28, 2024

To: Select Board

From: David Genereux, Town Administrator

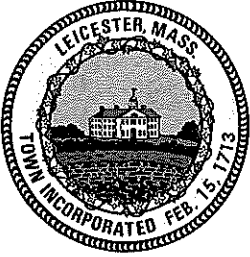
Re: Appointment of Fence Viewer

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Please be advised of my recommendation that Harold Leaming be appointed as Fence Viewer for the Town. Chapter 40, Section 1 of Massachusetts General laws requires the appointment of one or more fence viewers to regulate fence issues and complaints. Prior to this year, we have had no issues with fences, but we are currently dealing with three complaints.

Mr. Leaming has volunteered to be appointed as fence viewer to handle these issues. If the Board chooses to appoint him, he will be reappointed annually at the start of the fiscal year.

Please contact me with any questions.



# TOWN OF LEICESTER

*Nicholas George*  
**Treasurer Collector**  
3 Washburn Square  
Leicester, MA 01524  
GeorgeN@leicesterma.org

TELEPHONE: (508) 892-7002  
FAX: (508) 892-7070

March 28<sup>th</sup>, 2024

**Re: 474 Marshall Street**

**To: Leicester Select Board**

In reviewing the outstanding tax title accounts, 474 Marshall Street has a lien placed for non-payment of taxes from Fiscal Year 2021. The last payment we have received for this account was on March 8<sup>th</sup>, 2021. As of today's date, the account owes \$9,810.04 in taxes composed of \$2,065.82 current year taxes and \$7,744.22 tax title balance. A title search was performed by our Tax Title Attorney and concluded that both Assessed owners have passed at this time and the property has not been probated. As such, there is no owner of the parcel currently. In addition to the outstanding taxes, the Board of Health has also a nuisance citation dated March 26<sup>th</sup>, 2024. The citation was made due to the building not being properly maintained.

As a result of the title search, we were able to determine 2 heirs of the property who have each been mailed letters and payment agreements. The letter outlines the terms and conditions of the payment agreements and the results of a failure to establish an arrangement. The agreements were mailed via certified mail USPS on March 25<sup>th</sup> with an answer required by May 1<sup>st</sup>, 2024.

Should the heirs not pay the back taxes in full or make a payment agreement by May 1<sup>st</sup>, 2024, I am requesting a tax lien sale be held for this property. A tax lien sale would allow an individual or 3<sup>rd</sup> party that is interested in the property to acquire the lien on the property by paying the taxes owed and taxes going forward. If the purchaser does not pay the taxes on the property, another lien would be placed by the town. Should the heirs wish to pay the back taxes after the lien sale, the payment would be between the purchaser and the heirs. With the lien, the purchaser can file a motion to foreclose through Land Court and obtain ownership of the property.

Please let me know if you have any questions or concerns regarding this matter.

Sincerely,

Nicholas George  
Treasurer Collector

Encl;  
474 Marshall Street Outstanding Taxes  
474 Marshall Street Citation

Parcel Balance Calculated Through 3/28/2024

Parcel: 2-B3  
Location: 474 MARSHALL ST  
Owner: [REDACTED]

		Tax	Liens	Interest	Fees	Total	PerDiem
Real Estate							
2024	1322	2-B3	474 MARSHALL ST				
		\$1,956.54	\$0.00	\$109.28	\$0.00	\$2,065.82	\$0.751
Tax Title							
2021	2167651	2-B3	474 MARSHALL ST				
		\$6,369.44	\$0.00	\$1,374.78	\$0.00	\$7,744.22	\$2.792
Grand Total		\$8,325.98	\$0.00	\$1,484.06	\$0.00	\$9,810.04	\$3.543



# LEICESTER REGIONAL PUBLIC HEALTH COALITION

LEICESTER • BARRE • HARDWICK • HOLDEN • NORTH BROOKFIELD • BROOKFIELD •  
OAKHAM • NEW BRAINTREE



3 WASHBURN SQUARE • LEICESTER, MASSACHUSETTS 01524-1333  
TELEPHONE: (508) 892-7008 • FAX: (508) 892-1163

Sent via US Certified & US Mail:  
70221670000323537659

## VIOLATION CITATION

Inspection Report- Date: 3/26/24

Address of Inspection: 474 Marshall Street Leicester, MA 01524

Circle One <input type="checkbox"/> Business <input checked="" type="checkbox"/> Home <input type="checkbox"/> Apartment <input type="checkbox"/> Other- Describe:	Reason for Inspection <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Routine
Name & Title of Owner or Occupant [REDACTED]	Address 474 Marshall Street Leicester, MA 01524
Email:	Phone:

Below, you will find Violations that were observed or reported.

- 105 CMR 410.500(A)
- 105 CMR 410.520
- 105 CMR 410.260
- 105 CMR 410.530(B)
- MGL Chapter 111, Section 122

RECEIVED  
2024 MAR 27 AM 11:03  
TOWN CLERK'S OFFICE  
LEICESTER, MASS.

### Action Taken

☐ Written Warning ☐ Violation(s) (see circled above) ☒ Fine Issued Amount \$100.00

### Comments:

You may elect to pay the above fine, either by appearing in person or by mailing a check, money order or postal note WITHIN THIRTY (30) DAYS OF THE DATE OF THIS NOTICE to:

Town of Leicester  
Attn: Town Clerk  
3 Washburn Square  
Leicester, MA 01524

M. K. [Signature]  
Signature of Inspector or Officer

3/27/24  
Date



### 03-28-2024 CMHA Meeting

Leah thanked everyone for attending the event the evening prior. Leah updated the group that she is getting quotes for the fence and intends to go around the back of the building. She is concerned about the handicap access . She said she had obtained 2 quotes; one for back and one for side or possibly to go across the front.

David said the sides are fine, but the front might be a bit much and he spoke to Ken Anatanvica about putting cones along the walkway.

Ken said they checked recently for cones and they had disappeared.

Kris said there were cones by the gym and the recent filming may have utilized some of the cones.

Leah said Kris is working with the building inspector for the exhaust. She said the flooring is picked out and they got the 3 bids for that. She said the concrete slab could be installed via someone local and they would prefer to utilize a local vendor.

She said the staff is going to be strolling around the campus to make sure residents are not on the common and school grounds.

Rick said the gazebo is patrolled regularly by town residents. He said they put a new roof on and pressure washed it without town knowledge.

Leah said they received funding for the playground and they have to expend the funds by June 30<sup>th</sup>. She stated she needs a level area and wants to put stone if it is in the back between both buildings.

Rick said to work with Kris to find the best area.

Leah said they are looking to move the smoking area to where the dumpster is and they are looking to move the dumpster as well and move the pod even though it was the cheapest option for storage as the playground would be the closest to the pod but they would lose the parking. She said the landscaping would have to be between May and Berkshire.

Leah asked about voter registration forms. She said she would work with the town to find the best places for bus pickup for the kids.

Ken said they could use the old main street stop.

Leah said she would do the landscaping for where the ruts are but she didn't know what to do with the ruts on the side from the bus drivers. She asked about the widening of the driveway, particularly the circle.

Rick suggested making it two feet wider and putting some stone in.

Ken discussed the calls from the past 2 weeks. He said he had somebody from Barrett call about a pickup parked out front and the man made a comment to a staff worker but police didn't catch him. He said there was a disturbance at 905 Main and that issue was resolved. He discussed another disturbance for an argument and it was determined there was an unknown medical problem. Staff called 911 for an alarm for cooking.

She said for medical calls for minor issues like flu or fevers they would try to use Uber to transport to medical care such as urgent care or minute clinics rather than utilize town services.

Mike Dupuis discussed some of the calls that had come in. He spoke about a child who was stuck in a play kitchen set and how he safely extracted the child. He said cooking with oil is problematic because the ventilation system is not set up for that. He suggested using air fryers instead. He also suggested moving the smoking area for safety.

Leah said Kris is looking into the exhaust to correct the cooking issue. She also said they are looking into non-flammable smoking huts to be a safer set up.

Mike said because fire is there so often; for one of the last evacuations the residents did not leave the building.

Leah said a firefighter previously showed them how to silent the fire alarm which they did not want anyone knowing how to do. The security people told thee residents they didn't have leave the building because it was a cooking fire but Leah expressed she wanted them all to leave.

Mike said one of the security guards had a key to the fire box which even though there are somewhat generic, no one should be using a key to the box.

Leah said she would like to know of these things in real time when something happens so they can immediately address it.

Rick asked if he could ask Captain Wilson to start getting the fire drills done.

Mike discussed the handicap parking in front of the building and the concerns he had with children coming in and out and the blockade the parking creates when emergency services need to arrive on scene. He would like it moved to outside the area and away from the building.

Leah said her only concern was meeting the town ordinances for the handicap sites.

David said they would talk to the building inspector to rectify. He also asked Mike expanding the oval for parking.

Mike said the area is covered with mud and with the trucks and suggested expanding the width as before it was a walking path and now it is a driveway he cannot turn trucks in. He said at the beginning there were a lot of cars and now that issue appears to have been rectified.

Leah said between May and Berkshire is where they intend to place the playground but they will work with fire to determine the best spot to alleviate safety concerns.

Ken asked what type of playground it would be and if there would be fields to kick a ball around and stressed he's like a fence just to ensure safety and prevent children from running into the street.

Rick said he toured the facilities and he didn't see anything out of the ordinary from any other normal household aside from a few marks on the wall. He said the building is in better shape than when they turned it over and the new flooring would be a huge plus. He commended the improvements that CMHA had done and how clean the facilities are.

Leah said the new flooring would hopefully reduce medical calls from asthmatic residents.

David asked about police calls and ambulances when there are calls and the lights are running.

Ken responded when lights and sirens are on it is likely because there is an issue and it is all about all hands on deck while responding to calls.

Mike stated Knight Hall was a previously a big call venue when the college was there because freshman kids didn't know how to cook.

Leah said if any unidentified vehicles are spotted outside the shelter it is a major red flag for them and they will call police.

Ken stated one of the issues is finding address and when the cars park the lights go into sleep mode.

Leah commended the PD for working so well with them.

Leah stressed there is a landline at every building.

Mike said one of the issues was the language barrier with some residents.

CMHA said there was an issue was the addresses for the 950 and 952 addresses because all the mail goes through 2 Flint Way so there was some confusion with the postal service.