CITY OF MELROSE

PROTECTION AND LICENSE COMMITTEE

AGENDA● JANUARY 30, 2023

Council Chamber, First Floor, Melrose City Hall Committee Meeting **7:15 PM**
562 Main Street, Melrose, MA 02176

The public should take notice that the Melrose City Council may, on certain occasions, have a quorum in attendance due to standing committees of the City Council consisting of both voting and non-voting members. Members attending this duly posted meeting are participating and deliberating only in conjunction with the business of the standing committee.

I. CALL TO ORDER

Mark Garipay	Chair
Robb Stewart	Vice Chair
Shawn M. MacMaster	
Leila Migliorelli	
John Obremski	
Jen Grigoraitis	President, Ex Oficio

II. PUBLIC COMMENT

Remote Link for Public Comment:
https://cityofmelrose-org.zoom.us/j/93081672051?pwd=TDFtd205bXBtWXp6YWRlNVRueFRnQT09

Meeting ID:
930 8167 2051

Password:
Melrose

III. LICENSES

1. **LIC-2023-5 :** Application of Sagamore Golf, Inc., d/b/a Mount Hood Memorial Park and Golf Course, 100 Slayton Road, Melrose for a Common Victualler License

From: City Council ASSIGNED TO COMMITEE

IV. ADJOURNMENT

CITY OF M
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stre
Melrose, Massachusetts 0217
Telephone - (781) 979-411

COMMON VICTUALLER LICENSE APPLICATION

Annual Renewal Fee - $75

Licenses Expire annually on December 31

☑ **New Application**

☐ **Renewal Application**

Common Victualler Licenses are valid from January through December and are required to be renewed annually. To avoid delays in processing your application, please do not leave any applicable sections blank. *All incomplete applications will be returned.*

✓ **Please refer to the check list below to ensure all steps are completed prior to submitting the original application to the City Clerk's Office:**

	Completed application with "wet signature"
	Inspection and approval from the following Departments: o Melrose Fire o Melrose Health and Human Services Department o Melrose Police o Inspectional Services o Treasurer Collectors Office
	Completed Business Certificate Application, if applicable
	Completed Worker's Compensation Insurance Affidavit, including a copy of Declarations page of Workers' Compensation Policy.
	Copy of Current ServSafe Certificate
	$75 Application Fee payable by cash, credit card or check payable to the City of Melrose.

Please contact Joanne Perperian at (781) 979-4115 or email clerks@cityofmelrose.org with questions.

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COMMON VICTUALLER LICENSE
RENEWAL APPLICATION
LICENSING PERIOD JANUARY 1, 2023 – DECEMBER 31, 2023

Business Name: SAGAMORE GOLF, INC. DBA MOUNT HOOD MEMORIAL PARK + GOLF COURSE	**Tax ID Number:** [redacted]
Business Address: 1287 MAIN ST. LYNNFIELD MA 01940 LOCAL: 100 SLAYTON RD. MELROSE, MA. 02176	**Business Phone Number:** [redacted]
Owner's Name: RICHARD LUFF TYLER SANBORN	**Owner's Cell Phone Number:** [redacted]
Residential Address of Owner: [redacted]	**Number of Employees:** LOCAL 4 FULL TIME 40 PART TIME
Email Address of Owner (required): [redacted]	
24-hour Emergency Contact Name: DEAN SCARITO - GENERAL MANAGER	**Emergency Phone Number:** [redacted]

Circle all that apply:	Breakfast	Lunch	Dinner	Take-out
	GOLF + FUNCTIONS	GOLF + FUNCTIONS	FUNCTIONS	

Please List Daily Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 AM	TO 11:00 PM	IN SEASON →				
VARIABLE	DURING	OFF-SEASON - DEPENDENT ON FUNCTION DEMAND				

Approved Number of Seats:	MAIN HALL: 90 CARR ROOM: 60 SNACK ROOM: 35
Floor Space/ Square Feet:	MAIN HALL: 1390 CARR ROOM: 780 SNACK ROOM: 450

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By signing below, you are requesting to be granted a Common Victualler License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Additionally, you hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, local taxes, all water, sewer and solid waste disposal bills, all tax titles, utilities, and all motor vehicle excise taxes to the City of Melrose required by law.

Signature of Petitioner 1	12/19/2022 Date of Signature	[redacted] Date of Birth
Signature of Petitioner 2	12/19/2022 Date of Signature	[redacted] Date of Birth

*This license will not be used or renewed unless this certification clause is signed by the applicant.

**Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.

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The Commonwealth of Massachusetts
Department of Industrial Accidents Office of Investigations
600 Washington Street, Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Business
Applicant Information Please Print Legibly

Business Name: SAGAMORE GOLF, INC.

Address: 1287 MAIN ST

City/State/Zip: LYNNFIELD, MA 01940

Phone #: [redacted]

	Are you an employer- (check one):
✓	*I am an employer with 45 employees (full/part-time) LOCAL 130 TOTAL
	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

	Business Type- (required):
	Retail
	Restaurant/Bar/Eating Establishment
	Office and/or Sales (incl. real estate, auto, etc.)
	Entertainment
	Manufacturing
	Non-profit
	Health Care
✓	Other GOLF COURSE W/ SNACK BAR, BAR, + FUNCTION SPACE

*Any applicant that checks box #1 must also fill out the section on the next page showing their workers' compensation policy information.

** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required, and such an organization should check box #1.

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I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: MERCHANTS PREFERRED INSURANCE COMPANY

Insurer's Address: 5 BEDFORD FARMS DRIVE SUITE 101

City/State/Zip: BEDFORD, N.H. 03110

Policy # or Self-Insurance License #: [redacted] Expiration Date: [redacted]

Required:

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: By: [signature], PRES Date: 12/19/2022

Phone #: [redacted]

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INFORMATION AND INSTRUCTIONS

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statue, and *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An employer is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address, and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage.

CITY OF ME
OFFICE OF THE CITY

Kristin Foote
City Clerk

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Telephone - (781) 979-411

Sign and date the affidavit

The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law of if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigation would like to thank you in advance for your cooperation and should you have any questions please do not hesitate to give us a call. The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-0727-4900 ext. 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

CITY OF ME
OFFICE OF THE CITY CLERK

Kristin Foote
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562 Main Stree
Melrose, Massachusetts 0217(
Telephone - (781) 979-411

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CITY OF M[illegible]
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stre[illegible]
Melrose, Massachusetts 021[illegible]
Telephone - (781) 979-41[illegible]

COMMON VICTUALLER LICENSE
CITY DEPARTMENT REVIEW
LICENSING PERIOD JANUARY 1, 2023 – DECEMBER 31, 2023

Instructions for applicant:
Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if there are any fields left blank.

REPORT OF INVESTIGATION – RELATIVE TO APPLICATION FOR

Business Name: SAGAMORE GOLF, INC. DBA MOUNT HOOD MEMORIAL PARK + GOLF COURSE

Owner Name: RICHARD LUFF Owner DOB: [redacted]

Business Address: LOCAL: 100 SLAYTON RD, MELROSE, MA 02176
CORPORATE: 1287 MAIN ST, LYNNFIELD, MA 01940

Daily Business Hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	VARIABLE DURING OFF SEASON - DEPENDENT ON FUNCTION DEM'D	6:00AM	TO 11:00PM	IN SEASON		
Approved Number of Seats:			MAIN HALL: 90 CART ROOM: 60 SNACK ROOM: 35			
Floor Space/ Square Feet:			MAIN HALL: 1390 CART ROOM: 780 SNACK ROOM: 450			

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Attention City Officials: Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES 781-979-4130	Date Signed: 12-20-2022	**FOOD PERMIT EXP DATE:** 05-31-2023
Health & Human Services Signature	Anthony Chui *Health & Human Services Name Printed*	
☐ Denied	☐ Approved	☒ Other
Comments: New application - Inspection in process		

MELROSE FIRE DEPARTMENT 781-979-4405	Date Signed: 1/9/23 J. GIBSON	**$10 Fee Paid** Yes / No
Melrose Fire Captain Signature	*Fire Captain Name Printed*	
☐ Denied	☒ Approved	☐ Other
Comments:		

MELROSE POLICE DEPARTMENT 781-665-1212	Date Signed: 12/20/2022
Melrose Police Signature (45)	*Melrose Police Name Printed* 45
☐ Denied	☑ Approved ☐ Other
Comments:	

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135	Date Signed: 12/20/22
Building Commissioner Signature	*Building Commissioner Name Printed*
☐ Denied	☑ Approved ☐ Other
Comments:	

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours	Date Signed: 1-3-23
Treasurer Collector Signature	Pat Dean *Treasurer Collector Name Printed*
☐ Denied	☑ Approved ☐ Other
Comments:	

ACORD®

INSURANCE BINDER

DATE (MM/DD/YYYY): 12/15/2022

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY D.B. Warlick & Co. P O Box 1260 69 Lafayette Rd. North Hampton NH 03862	COMPANY: Merchants Insurance Co. BINDER #: B22121528363 EFFECTIVE DATE: 1/1/2023 TIME: 12:01 AM EXPIRATION DATE: 1/31/2023 TIME: 12:01 AM
PHONE (A/C, No, Ext): (603) 964-6065 FAX (A/C, No): (603) 964-9029	☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: CMP9155355
CODE: SUB CODE: AGENCY CUSTOMER ID: 00015225	DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Location: 100 Slayton Road, Melrose MA
INSURED AND MAILING ADDRESS Sagamore Golf Inc dba Mt Hood Memorial Park & Golf Course 101 North Road North Hampton NH 03862	

COVERAGES

TYPE OF INSURANCE	COVERAGE / FORMS	LIMITS: DEDUCTIBLE	COINS %	AMOUNT
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☒ SPECIAL; ☒ REPLACEMENT COST	Blanket Bldg & contents	[redacted]		
GENERAL LIABILITY — ☒ COMMERCIAL GENERAL LIABILITY; ☐ CLAIMS MADE ☒ OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$ [redacted]
		DAMAGE TO RENTED PREMISES		$
		MED EXP (Any one person)		$
		PERSONAL & ADV INJURY		$
		GENERAL AGGREGATE		$
		PRODUCTS - COMP/OP AGG		$
VEHICLE LIABILITY — ☐ ANY AUTO; ☐ ALL OWNED AUTOS; ☐ SCHEDULED AUTOS; ☐ HIRED AUTOS; ☐ NON-OWNED AUTOS		COMBINED SINGLE LIMIT		$
		BODILY INJURY (Per person)		$
		BODILY INJURY (Per accident)		$
		PROPERTY DAMAGE		$
		MEDICAL PAYMENTS		$
		PERSONAL INJURY PROT		$
		UNINSURED MOTORIST		$
				$
VEHICLE PHYSICAL DAMAGE — DED; ☐ COLLISION: ☐ OTHER THAN COL:	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	☐ ACTUAL CASH VALUE ☐ STATED AMOUNT		$
GARAGE LIABILITY — ☐ ANY AUTO		AUTO ONLY - EA ACCIDENT		$
		OTHER THAN AUTO ONLY: EACH ACCIDENT		$
		AGGREGATE		$
EXCESS LIABILITY — ☒ UMBRELLA FORM; ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$ [redacted]
		AGGREGATE		$
		SELF-INSURED RETENTION		$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		☐ PER STATUTE		
		E.L. EACH ACCIDENT		$
		E.L. DISEASE - EA EMPLOYEE		$
		E.L. DISEASE - POLICY LIMIT		$
SPECIAL CONDITIONS / OTHER COVERAGES: Additional Insured: The People of the City of Melrose, The Park Commission, their commissioners, officers and agrents and employees		FEES		$
		TAXES		$
		ESTIMATED TOTAL PREMIUM		$

NAME & ADDRESS

☐ MORTGAGEE ☐ ADDITIONAL INSURED
☐ LOSS PAYEE

LOAN #:

AUTHORIZED REPRESENTATIVE

David Warlick/GAIL

ACORD 75 (2013/09)
INS075 (201309)

Date Prepared: 12/02/22

DIRECT BILL

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY

MERCHANTS PREFERRED INSURANCE COMPANY
BUFFALO, NY 14202 NCCI COMPANY NUMBER: 33942

INFORMATION PAGE

POLICY NUMBER: [redacted]

AGENCY/BROKER: D B WARLICK & CO.

AGENT CODE: 71889/NER06/037

TRANSACTION TYPE: RENEWAL

RENEWAL OF NUMBER: [redacted]

BUSINESS TYPE: CORPORATION

1. THE INSURED MAILING ADDRESS: SAGAMORE GOLF INC
101 NORTH ROAD
NORTH HAMPTON, NH 03862-2130

INTERSTATE/INTRASTATE RISK ID:
BOARD FILE NUMBER:
FEDERAL EMPLOYER IDENTIFICATION NUMBER: [redacted]

OTHER WORKPLACES NOT SHOWN ABOVE: (ADDRESS, CITY, STATE, ZIP CODE)
SEE EXTENSION OF INFORMATION PAGE

2. POLICY PERIOD is from 01/01/23 to 01/01/24 12:01 AM standard time at the insured's mailing address.

3. A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: MA NH

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	$1,000,000	each accident
Bodily Injury by Disease	$1,000,000	policy limit
Bodily Injury by Disease	$1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements and schedules:

MS IU 05 11 99	MU 06 3J 07 17	MU 92 67 05 19	MU 92 72 08 19	WC 00 00 00 C
WC 00 00 01 A	WC 00 03 08	WC 00 04 06	WC 00 04 06 A	WC 00 04 14 A
WC 00 04 19	WC 00 04 20	WC 00 04 21 E	WC 00 04 22 C	WC 00 04 25
WC 20 03 01	WC 20 03 02 A	WC 20 03 03 D	WC 20 04 04	WC 20 06 01 A
WC 28 04 04	WC 28 04 05	WC 28 06 01	WC 28 06 04	

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rates Per $100 of Remuneration	Estimated Annual Premium

SEE EXTENSION OF INFORMATION PAGE

MINIMUM PREMIUM	$	328
DEPOSIT PREMIUM	$	19,079
TOTAL ESTIMATED ANNUAL PREMIUM	$	19,079

Interim adjustments of premiums shall be made: ANNUAL

Countersigned by: _____

Authorized representative Date

WC 00 00 01 A

INSURED COPY

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4115

Attention City Officials: Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES 781-979-4130	Date Signed: 12-20-2022	**FOOD PERMIT EXP DATE:** 05-31-2023
Health & Human Services Signature	*Health & Human Services Name Printed* Anthony Chui AC 11/9/23	
☐ Denied	☒ Approved	☒ Other
Comments: New Application - Inspection in process		

MELROSE FIRE DEPARTMENT 781-979-4405	Date Signed: 1/3/23	**$10 Fee Paid** Yes / No
Melrose Fire Captain Signature	*Fire Captain Name Printed* J. GIBSON	
☐ Denied	☐ Approved	☐ Other
Comments:		

MELROSE POLICE DEPARTMENT 781-665-1212	Date Signed: 12/20/2022
Melrose Police Signature	*Melrose Police Name Printed* 45
☐ Denied	☑ Approved ☐ Other
Comments:	

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135	Date Signed: 12/20/22
Building Commissioner Signature	*Building Commissioner Name Printed*
☐ Denied	☑ Approved ☐ Other
Comments:	

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours	Date Signed: 1-3-23
Treasurer Collector Signature	*Treasurer Collector Name Printed* Pat Dean
☐ Denied	☑ Approved ☐ Other
Comments:	