

**BOARD OF SELECTMEN
AGENDA
Monday, May 18, 2015**

Regular Meeting - 7:00 p.m.

Selectmen's Hearing Room, Town Hall

****NOTE****

As a result of changes in the Open Meeting Law, the chair must announce at the outset of every meeting that the meeting is being recorded and transmitted via cable television.

7:00 p.m.

Pledge of Allegiance

7:15 p.m.

Presentation by Melanson Heath of FY14 audit

Public hearing: Wine and beer restaurant license application, Muse Paintbar, 600 Market Street, Suite 1130

Common victualler and weekday entertainment license applications, Muse Paintbar

Automatic amusement license application, Kings Bowl, Market Street

Request for extended hours for single-day event, Kings Bowl, Market Street

Tricentennial Committee donation: Placement of benches on common

Field project update

Estoppels for National Development regarding refinancing

Exemption under Massachusetts General Laws, Chapter 268A, Section 20 (B) sought by public safety dispatcher for contract regarding Memorial Day food services

Exemption under Massachusetts General Laws, Chapter 268A, Section 20 (B) sought by Finance Committee member for contract regarding Memorial Day DJ services

Request from Whole Foods to petition legislature to increase quota for all-alcohol package store license

Resignation from Board of Health

Use of Town facilities:
One-day liquor license:
Minutes:
Proclamations:
Administrative matters:

Rotary concert series n common, with banner request
Knights of Columbus, June 6, 4-8 p.m.
April 27, 2015; April 30, 2015
None
Signing of warrants

Fiscal Year 2014 management letter and
audit may be found at

http://www.town.lynnfield.ma.us/pages/lynnfieldma_accounting/index



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
 www.mass.gov/abcc

For Reconsideration

FORM 43
 MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

[]
 ABCC License Number

LYNNFIELD
 City/Town

May 18, 2015
 Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- New License
- Transfer of License
- Change of Manager
- Cordials/Liqueurs Permit
- 6-Day to 7-Day License
- New Officer/Director
- Change of Location
- Alteration of Licensed Premises
- Issuance of Stock
- Management/Operating Agreement
- Pledge of License
- Pledge of Stock
- Transfer of Stock
- New Stockholder
- Wine & Malt to All Alcohol
- Change Corporate Name
- Seasonal to Annual
- Change of License Type
- Other []

Name of Licensee: Muse Paintbar, LLC

EIN of Licensee: [REDACTED]

D/B/A: Muse Paintbar

Manager: Stanley J. Finch

ADDRESS: 600 Market Street Suite 1130

CITY/TOWN: Lynnfield STATE: MA ZIP CODE: 01940

ANNUAL
 Annual or Seasonal

WINE AND MALT
 Category: (All Alcohol- Wine & Malt Wine, Malt & Cordials)

RESTAURANT
 Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

2,600-square foot single-story leased space within the Market Street development containing 106 seats in area providing art instruction and food and beverage offerings.

Application Filed: April 10, 2015
 Date & Time

Advertised: April 22, 2015
 Date & Attach Publication

Abutters Notified: Yes No

Licensee Contact Person for Transaction: Mark T. Vaughn, Reimer & Braunstein LLP

Phone: 617-880-3457

ADDRESS: 7 New England Executive Park

CITY/TOWN: Burlington STATE: MA ZIP CODE: 01803-5008

Remarks: []

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
 Ralph Sacramone
 Executive Director

ABCC Remarks:

TOWN OF LYNNFIELD
Attn: Selectmen's Office
55 Summer Street
Lynnfield, MA 01940
Phone 781-334-3180 -- fax #781-334-0014

Application for Entertainment on Week Days

Return this form along with the Workers' Compensation Insurance Affidavit and applicable license fee. Checks are to be made payable to the Town of Lynnfield.

ANNUAL FEE: \$100.00

3/20/15
(Date)

NAME OF BUSINESS: Muse Paintbar, LLC d/b/a Muse Paintbar PHONE #: TBD

BUSINESS ADDRESS: Market Street, Lynnfield, MA

TYPE OF ENTERTAINMENT:

Recorded Music

(Insert Description of Entertainment)

Name, address and phone number of owner of premises

Muse Paintbar, LLC

255 Massachusetts Avenue #801, Boston, MA 02115

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

[Signature] (Stan Finch,
Member)

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

**Social Security # or Federal Identification Number

***This license will not be issued unless the applicant signs this certification clause.**

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**

Effective 02/11/2008

File: PERMIT APPLICATIONS.Entertainment Week Day

TOWN OF LYNNFIELD
Attn: Selectmen's Office
55 Summer Street
Lynnfield, MA 01940
Phone 781-334-3180 -- fax #781-334-0014

APPLICATION FOR COMMON VICTUALLER

Fee: \$50.00

Return this form along with the Workers' Compensation Insurance Affidavit and applicable fee. Checks are to be made payable to the Town of Lynnfield.

Muse Paintbar, LLC dba Muse Paintbar
Name of Business TBD
Business Telephone #

Market Street, Lynnfield, MA 01940
Address of Business
255 Massachusetts Avenue #801, Boston, MA 02115
Business Mailing Address if different from above

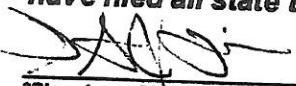
Muse Paintbar, LLC
Name & Title of Applicant 617-775-2958
Telephone #

255 Massachusetts Avenue #801, Boston, MA 02115
Address of Applicant

Description of Business/Operation:

The premises is situated within the Market Street Development and is comprised of a 2,608 square foot space containing 106 seats as shown on the enclosed floor plan. The facility, Muse Paintbar will provide art instruction classes and food and beverage offerings to patrons.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

 (Stan Finch)
Member

***Signature of Individual or Corporate Name (Mandatory)**

By: Corporate Officer (Mandatory, if applicable)

****Social Security # or Federal Identification Number**

***This license will not be issued unless the applicant signs this certification clause.**

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**

Effective 02/11/2008
File: PERMIT APPLICATIONS.Common Victualler

TOWN OF LYNNFIELD
Attn: Selectmen's Office
55 Summer Street
Lynnfield, MA 01940
Phone 781-334-3180 -- fax #781-334-0014

APPLICATION FOR AUTOMATIC AMUSEMENT DEVICE

Annual Fee: \$50 each machine

Return this form along with the Workers' Compensation Insurance Affidavit and applicable license fee. Checks are to be made payable to the Town of Lynnfield.

The undersigned respectfully applies for an Automatic Amusement Device License in accordance with the provisions of Chapter 140 as amended by Chapter 361 of 1949.

Applicant's name and address: Kings Bowl of Lynnfield, LLC d/b/a Kings

telephone # 781-329-6000

Name of Business: Kings telephone # 781-334-4400

Number and types of Automatic Amusement Device (s): One (1) coin-operated air hockey table

Automatic Amusement Device(s) will be kept on the following described premises:
Market Street at Lynnfield

address	description of premises
<u>510 Market Street (427 Walnut Street), Lynnfield, MA</u>	

List owner of machine(s) Kings, 510 Market Street, Lynnfield, MA

Address of owner	phone number
<u>782-334-4400</u>	

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Kings Bowl of Lynnfield, LLC
*Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if applicable)

[Redacted]
**Social Security # or Federal Identification Number

*This license will not be issued unless the applicant signs this certification clause.

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.

From: Coy Whiting
Sent: Thursday, April 30, 2015 12:12 PM
To: 'christopherjbarrett@gmail.com'
Subject: Kings Lynnfield - Newburyport High School Event - June 7th

Dear Honorable Board,

I am writing you to respectfully request that a topic be included into the next Lynnfield Board of Selectmen meeting on May 4th.

On Sunday, June 7th, Newburyport High School graduating class is wanting to hold an event here at Kings Lynnfield that will be outside of our normal hours of operation. The private event would be from 11pm – 1am. Please see the attached letters and waivers for the students' parents to sign that outline the details of the event.

Thank you.

Coy Whiting | General Manager

Kings - The Classy Bowling Joint

510 Market St Lynnfield, Ma 01940

(P) 781.334.4400 • [REDACTED]

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May 4, 2015

Dear Lynnfield Board of Selectmen,

On June 7th the Newburyport High School Class of 2015 will be graduating. It has become a Newburyport tradition for the parents of the class to organize an all night party for graduation night. Our agenda for this year's party includes an event in Lynnfield. The purpose of the all night party is to provide a safe, substance free night on a night that might otherwise be dangerous for high school seniors. This will also be the last time that the entire class will be together before moving on to the next chapter in their lives.

The party will begin at 6:30pm in Newburyport where students will check in and have their belongings searched. They will board busses and be transported to several different venues before arriving back for pick up 6 am.

The venues are a surprise to the students and they vary somewhat every year. We were thrilled with the opening of Kings Lynnfield, and we are planning to visit there as part of this year's event. Kerry Mulloy of Kings has promised us a fun-filled middle of the night event.

We plan to arrive at Kings by bus at 11:00pm and leave at 1:00am. The students will be accompanied by 12-15 parent chaperones. We do not have final participation numbers so the actual number of chaperones needed is not available yet. Typically we have approximately 175 students participating. The students and their parents are required to sign a waiver agreeing to appropriate behavior for the evening. I have attached a copy of the waiver.

The parent committee is excited to continue this twelve-year tradition, which has been a great success. We hope that you will agree that Kings Lynnfield is a wonderful choice for our students. If you have any questions, please don't hesitate to contact Nancy Jean Eagan eagannj@gmail.com or 978-621-5019, or Margot Petler from Newburyport Youth Services at 978-465-4434.

Nancy Jean Eagan
2015 Chair of the All Night Senior Event Parent Committee



2310 Washington Street
Newton Lower Falls,
MA 02462

Phone. 617.527.9800
www.natdev.com

May 3, 2015

Mr. James M. Boudreau, Town Administrator
Town of Lynnfield
55 Summer Street
Lynnfield, MA 01940

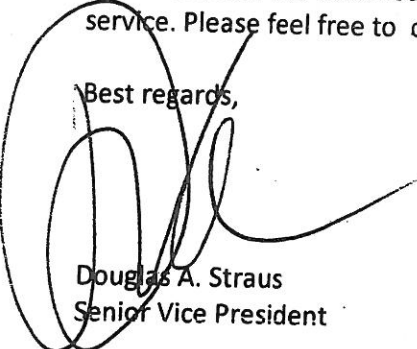
RE: MarketStreet Lynnfield- Estoppel

Dear Jim,

We are in the process of refinancing the MarketStreet project and therefore need to get two estoppels executed by the Town of Lynnfield. The estoppels relate to the Development Agreement and the Conservation Restriction, both of which are in full force and effect.

Please execute the attached estoppels and return them to me as soon as possible via email and US postal service. Please feel free to contact me at 617-559-5024 if you have any questions.

Best regards,



Douglas A. Straus
Senior Vice President

Attachments

_____, 2015

American General Life Insurance Company, and
The Variable Annuity Life Insurance Company, and
AIG Property Casualty Company, and
National Union Fire Insurance Company of Pittsburgh, PA
and/or their affiliates and their respective successors and assigns (collectively the "Lender")
c/o AIG Asset Management
80 Pine Street, 8th Floor
New York, New York 10005
Attn: Dan Sliwak

Re: Amended and Restated Development Agreement for Market Street at Lynnfield dated January 24, 2011 (the "Development Agreement") by and among Market Street at Lynnfield Development LLC (predecessor in interest to Market Street Retail South LLC, the "Developer") and the Town of Lynnfield (the "Town")

Ladies and Gentlemen:

We understand that you intend to provide financing in connection with a portion of the "Project" described in the Development Agreement and that you are relying upon the following statements in connection with your financing of such portion of the Project.

The undersigned certifies to you, pursuant to Section 5.6 of the Development Agreement, that, as of the date of this letter, (i) the Development Agreement is in full force and effect, and (ii) to the best of the undersigned's knowledge, the Developer is in full compliance with all of its obligations under the Development Agreement (iii) Developer has satisfied all conditions precedent to the issuance of the Required Permits for the first retail/office portion of the Project and the residential portion of the Project.

This letter shall inure to the benefit of the Lender and any other co-lenders providing financing for the Project, and their respective successors and assigns (including, without limitation, a purchaser at or after foreclosure).

The undersigned holds the position indicated with their signature below and has full authority to execute this certification, and the same is binding upon the Town.

THE TOWN OF LYNNFIELD

By: _____
Name: _____
Title: _____

_____, 2015

American General Life Insurance Company, and
The Variable Annuity Life Insurance Company, and
AIG Property Casualty Company, and
National Union Fire Insurance Company of Pittsburgh, PA
and/or their affiliates and their respective successors and assigns (collectively the "Lender")
c/o AIG Asset Management
80 Pine Street, 8th Floor
New York, New York 10005
Attn: Dan Sliwak

Re: Conservation Restriction for Market Street at Lynnfield dated August 31, 2012 and recorded with the Essex (South) Registry of Deeds at Book 31829, Page 470 (the "Conservation Restriction") by and among Market Street at Lynnfield Development LLC (predecessor in interest to Market Street Retail South LLC, the "Grantor") and the Town of Lynnfield (the "Grantee")

Ladies and Gentlemen:

We understand that you intend to provide financing in connection with a portion of the "Premises" described in the Conservation Restriction Agreement and that you are relying upon the following statements in connection with your financing of such portion of the Premises.

The undersigned certifies to you, pursuant to Section IX of the Conservation Restriction, that, as of the date of this letter, (i) the Conservation Restriction is in full force and effect, and (ii) to the best of the undersigned's knowledge, the Grantor is in full compliance with all of its obligations under the Conservation Restriction.

This letter shall inure to the benefit of the Lender and any other co-lenders providing financing for the Premises, and their respective successors and assigns (including, without limitation, a purchaser at or after foreclosure).

The undersigned holds the position indicated with their signature below and has full authority to execute this certification, and the same is binding upon the Town.


THE TOWN OF LYNNFIELD

By: _____
Name: _____
Title: _____

**DISCLOSURE BY MUNICIPAL EMPLOYEE
OF FINANCIAL INTEREST IN A MUNICIPAL CONTRACT
AS REQUIRED BY G. L. c. 268A, § 20(b)**

MUNICIPAL EMPLOYEE INFORMATION	
Name of municipal employee:	Michael Michael Decorado
Title/ Position	Dispatcher
Fill in this box if it applies to you.	If you are a municipal employee because a municipal agency has contracted with your company or organization, please provide the name and address of the company or organization.
Agency/ Department	Police
Agency Address	55 Summer Street Lynnfield Ma 01940
Office phone:	781 334 3131
Office e-mail:	
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a municipal employee.	
BOX # 1 Select either STATEMENT #1 or STATEMENT #2 . Write an X beside your financial interest.	<p>ELECTED MUNICIPAL EMPLOYEE</p> <p>I am an elected municipal employee.</p> <p><input type="checkbox"/> STATEMENT #1: I had one of the following financial interests in a contract made by a municipal agency before I was elected to my municipal employee position. I will continue to have this financial interest in a municipal contract. OR</p> <p><input type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a municipal agency.</p> <p>My financial interest in a municipal contract is:</p> <p><input type="checkbox"/> I have a non-elected, compensated municipal employee position.</p> <p><input type="checkbox"/> A municipal agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a municipal agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that has a contract with a municipal agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the city or town has contracted for my services in particular.</p>
BOX # 2 Select either STATEMENT #1 or STATEMENT #2 .	<p>NON-ELECTED, COMPENSATED MUNICIPAL EMPLOYEE</p> <p>I am a non-elected municipal employee.</p> <p><input type="checkbox"/> STATEMENT # 1: I had one of the following financial interests in a contract made by a municipal agency before I took a position as a non-elected municipal employee. I will continue to have this financial interest in a municipal contract.</p>

<p>Write an X beside your financial interest.</p>	<p>My financial interest in a municipal contract is:</p> <p><input type="checkbox"/> A municipal agency has a contract with me, but not an employment contract.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a municipal agency has with another person or an entity, such as a company or organization.</p> <p>-- OR --</p> <p><input type="checkbox"/> STATEMENT # 2: I will have a new financial interest in a contract made by a municipal agency.</p> <p>My financial interest in a municipal contract is:</p> <p><input type="checkbox"/> I have a non-elected, compensated municipal employee position.</p> <p><input type="checkbox"/> A municipal agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a municipal agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that has a contract with a municipal agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the city or town has contracted for my services in particular.</p>
<p>FINANCIAL INTEREST IN A MUNICIPAL CONTRACT</p>	
<p>Name and address of municipal agency that made the contract</p>	
<p>Please put in an X to confirm these facts.</p>	<p>"My Municipal Agency" is the municipal agency that I serve as a municipal employee.</p> <p>The "contracting agency" is the municipal agency that made the contract.</p> <p><input checked="" type="checkbox"/> My Municipal Agency is not the contracting agency.</p> <p><input checked="" type="checkbox"/> My Municipal Agency does not regulate the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> In my work for my Municipal Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p> <p><input type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
<p>FILL IN THIS BOX OR THE BOX BELOW</p>	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE CITY OR TOWN AND YOU.</p> <p>- Please explain what the contract is for.</p> <p style="font-size: 1.2em;">Provide catering for Memorial Day Parade</p>
<p>FILL IN THIS BOX OR THE BOX ABOVE</p>	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE CITY OR TOWN AND ANOTHER PERSON OR ENTITY.</p> <p>- Please identify the person or entity that has the contract with the municipal agency.</p> <p>- What is your relationship to the person or entity?</p> <p>- What is the contract for?</p>

<p>What is your financial interest in the municipal contract?</p>	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>I will be compensated for catering the memorial day parade. The amount is for \$2,700.00</p>
<p>Date when you acquired a financial interest</p>	
<p>What is the financial interest of your immediate family?</p>	<p>- Please explain the financial interest and include the dollar amount if you know it.</p>
<p>Date when your immediate family acquired a financial interest</p>	
<p>Write an X to confirm each statement.</p>	<p>FOR A CONTRACT FOR PERSONAL SERVICES –</p> <p>Answer the questions in this box ONLY if you will have a contract for personal services with a municipal agency (i.e., you will do work directly for the contracting agency).</p> <p>I will have a contract with a municipal agency to provide personal services.</p> <p><input checked="" type="checkbox"/> The services will be provided outside my normal working hours as a municipal employee.</p> <p><input checked="" type="checkbox"/> The services are not required as part of my regular duties as a municipal employee.</p> <p><input checked="" type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
<p>Employee signature:</p>	
<p>Date:</p>	<p>4/29/15</p>

Attach additional pages if necessary.

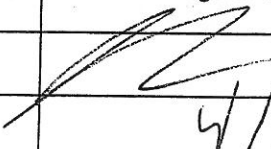
NOT A PERSONAL SERVICES CONTRACT -- File disclosure with the city or town clerk.

SEE CERTIFICATION AND APPROVAL REQUIRED FOR PERSONAL SERVICES CONTRACTS, BELOW.

FOR CONTRACTS FOR PERSONAL SERVICES ONLY:

If you are disclosing a financial interest in a contract for personal services with a municipal agency, you must file the Certification below signed by the head of the contracting agency, and you must get approval of the exemption from the city council, board of aldermen, board of selectmen or town council.

CERTIFICATION BY HEAD OF CONTRACTING AGENCY

INFORMATION ABOUT HEAD OF CONTRACTING AGENCY	
Name:	Veteran's Office Jason Kimball
Title/ Position	Department Head
Municipal Agency:	Veteran's Service Officer
Agency Address:	55 Summer Street Lynnfield MA 01940
Office Phone:	781 334 9441
CERTIFICATION	
I have received a disclosure under G.L. c. 268A, § 20(b) from a municipal employee who seeks to provide personal services to my municipal agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.	
Signature:	
Date:	4/28/15

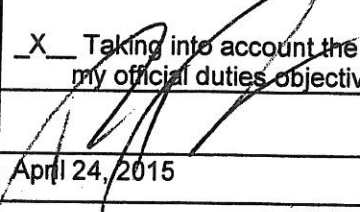
**APPROVAL BY CITY COUNCIL, BOARD OF ALDERMEN,
BOARD OF SELECTMEN OR TOWN COUNCIL**

INFORMATION ABOUT APPROVING BODY	
Name:	
Title/ Position	
Agency Address:	
Office Phone:	
APPROVAL	
I have received a disclosure under G.L. c. 268A, § 20(b) from a municipal employee who seeks to provide personal services to a municipal agency, identified above. The exemption under § 20(b) is approved.	
Signature:	On behalf of the Council or Board, I sign this approval.
Date:	

Attach additional pages if necessary.
File disclosure, Certification and Approval with the city or town clerk.

**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Robert Priestley
Title or Position:	Committee Member
Agency/Department:	Lynnfield Finance Committee and Lynnfield Fields Committee
Agency address:	Lynnfield Town Hall 55 Summer Street Lynnfield, MA 01940
Office Phone:	781-334-0001
Office E-mail:	bob@thepriestleys.org
	<p>In my capacity as a state, county or municipal employee, I am expected to take certain actions in the performance of my official duties. Under the circumstances, a reasonable person could conclude that a person or organization could unduly enjoy my favor or improperly influence me when I perform my official duties, or that I am likely to act or fail to act as a result of kinship, rank, position or undue influence of a party or person.</p> <p>I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.</p>
APPEARANCE OF FAVORITISM OR INFLUENCE	
Describe the issue that is coming before you for action or decision.	As a member of the Lynnfield Finance Committee, I may participate in discussions and/or vote on budgetary recommendations to the Town Meeting to take action and approve the annual budget. Included in the budget is the Veterans Agent budget.
What responsibility do you have for taking action or making a decision?	I have the responsibility of reviewing, discussing and voting on department budgets to make recommendations to the annual Town Meeting that ultimately approves the annual budget.
Explain your relationship or affiliation to the person or organization.	My wife, Lauri Priestley and I own and operate The Priestleys Fine Art Photography, a photography and event service company located in Lynnfield, MA.
How do your official actions or decision matter to the person or organization?	As a member of the Finance Committee, I engage in discussions and/or vote on budget recommendations regarding Veterans Agent budget.
Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	<p>I was recently asked by the Veterans Agent to provide DJ service for the Memorial Day town-wide ceremony.</p> <p>Regarding these services, there is low or no risk of undue favoritism or improper influence because;</p> <ol style="list-style-type: none"> 1) The services will be provided outside the normal working hours of my duties as a member of the Finance Committee. 2) The services to be provided are not part of my regular duties as a member of the Finance Committee. 3) I am not compensated for more than 500 hours per year for these services. 4) No employee of the Veterans Agent Department performs the services to be provided as part of their regular duties as Veterans Agent. 5) I will make a disclosure at a public meeting regarding this appearance of conflict. 6) I will notify my appointing authority (Town Moderator) by copying him on this disclosure

	7) I will request that the Board of Selectman vote to exempt my interest from section G.L. c 268A, s 20(b).
If you cannot confirm this statement, you should recuse yourself.	WRITE AN X TO CONFIRM THE STATEMENT BELOW.
	<input checked="" type="checkbox"/> Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.
Employee signature:	
Date:	April 24, 2015

Attach additional pages if necessary.

Not elected to your public position – file with your appointing authority.

Elected state or county employees – file with the State Ethics Commission.

Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member – file with the clerk or secretary of the committee.

Form revised July, 2012

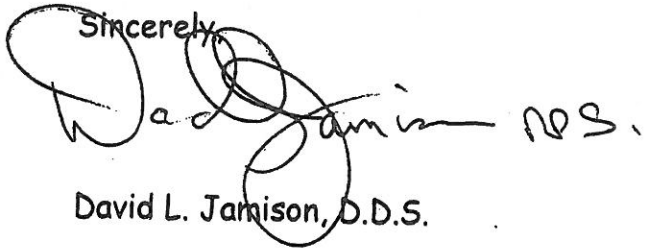
April 27, 2015

Selectmen's Office
55 Summer Street
Lynnfield, MA 01940

Dear Gentlemen,

This letter is my formal notice of resignation from the Board of Health. My last Board of Health meeting will be its scheduled June meeting.

Sincerely,

A handwritten signature in black ink that reads "David L. Jamison D.D.S.". The signature is written in a cursive style with a large, stylized "D" at the beginning and a long horizontal line extending to the right.

David L. Jamison, D.D.S.

CC: James Boudreau
Kristin Esposito McRae, R.S.
Richard Peinert, M.D.

From: Michael Scott [REDACTED]
Sent: Thursday, March 26, 2015 10:07 AM
To: davidmnelson@verizon.net
Cc: Bill Ford (NA LNF); Brent McDonald
Subject: Whole Foods

David,

I, along with the Whole Foods Team Leader for the Lynnfield store, Bill Ford, appeared before the Selectman late last year to amend the Sunday operating hours for alcohol sales. I have another matter that I would like to discuss with you concerning the Whole Foods store. We like to discuss whether the Town might entertain pursuing special legislation to obtain another all-alcohol package store license. Many of the other Whole Foods stores that sell alcohol also sell spirits. The focus of the spirits sales at Whole Foods is on organic, specialty and higher end distillers. We are planning to pursue special legislation in one or two other towns this year and would like to know if the Town would support similar action in Lynnfield.

Is there a convenient time that we could set to have a conversation? We would very much appreciate the opportunity to speak with you.

Thanks.

Mike

Michael E. Scott
Nutter McClennen & Fish LLP
Attorneys At Law
Seaport West
155 Seaport Boulevard, Boston, MA 02210
[REDACTED]
[REDACTED]

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