

9/27/21

**7:00 PM Call to Order – Open with Pledge of Allegiance to the Flag**

**WARRANTS:**

Warrant approval:

**MINUTES:** Regular Minutes: 3/22/21, 3/29/21, 4/12/21, 4/20/21, 4/26/21 and 5/3/21  
Executive Minutes: N/A

**Announcements:**

The Next Selectmen's Meeting will be held on Monday, October 4th at 7 PM at Town Hall.

**TOWN ADMINISTRATOR'S REPORT**

The Rehoboth Fire Fighter's Association will be holding their 50<sup>th</sup> Annual Ball on Saturday, October 16<sup>th</sup> at 6pm at the Crestwood Country Club. Tickets are \$40 per person, please call Capt. Dan Noons at 508-509-8357.

**Reminders:**

The Town has the following positions available:

PT-Transfer Station Monitors (2)  
PT-Transfer Station Manager  
PT/Temp-Videographer  
PT/ Temp-Payroll/Office Clerk  
Truck Driver/Laborer-Highway Dept.

For more details on these positions please visit the town website under "Employment Opportunities." All interested applicants, please send in your application to the Board of Selectmen's office.

The Personnel Board and Town Events Committee are both looking for volunteers for their committee as well. If someone is interested in helping them, please forward your talent bank form to the Selectmen's office.

**OPEN PUBLIC FORUM:**

9/27/21

**NEW BUSINESS:**

**Action Item (1): Ratify Vote Taken on 9/20/21-Reopening & Virus Mitigation Projects at 340 Anawan Street**

**Background:** The vote was made during selectmen's updates by Mike. It needs to be ratified

**Motion:** Ratify the motion from 9/20/21: Motion to authorize the Director of Finance to initiate the reopening and virus mitigation projects at 340 Anawan Street.

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

9/27/21

**NEW BUSINESS:**

**Action Item (2): Discussion Re: 2020 US Census Mandatory 10-year Redistricting of the Town, with possible action**

**Background:** Laura will speak to the Board on this.

**Motion:**

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

9/27/21

**NEW BUSINESS:**

**Action Item (3): 7:30 PM Public Hearing for Class II Auto License-European Motor Cars, 74 Fall River Avenue, Barry R. Bixby, Manager-see attached for details**

**Background:** The BOS office received an application from Barry R. Bixby for a Class II Auto Dealership. iCORI has been done, \$125 fee has been received and all paper work has been received. **We do need a payment of \$114.25 for the advertising of the Public Hearing and the green/white cards for the certified mailing.**

**Motion:** Motion to Open the Public Hearing

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Motion:** Motion to Close the Public Hearing (or continue, depending on the outcome)

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**



**RECEIVED**  
AUG 18 2021  
BOARD OF SELECTMEN

**COMMONWEALTH OF MASSACHUSETTS**  
**TOWN OF REHOBOTH**

**APPLICATION FOR A CLASS I OR II AUTO LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a:  
 Class I or  Class II Auto License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. Name of Applicant: Barry Ruoff Bixby  
(Sole Proprietor, Partnership, LLP, Corporation, LLC, etc.)  
D/B/A if different from applicant name: European Motor Cars  
Business address of license premises: 74 Fall River Ave, Rehoboth, MA 02769  
Business Telephone No: 401-465-1900  
Email Address: Barry@BarryBixby.com

2. Is the above applicant an/a:  Individual,  association or  corporation?  
If an individual (sole proprietor): Print full name: Barry Ruoff Bixby  
Print residential/home address: 36A Glen Meade Drive, Portsmouth, RI 02871  
Business Telephone #: 401-465-1900 Home/Cell #: 401-465-1900

3. If a co-partnership, state full names and residential/home addresses of persons comprising it:

Name: _____	Home Address: _____
Name: _____	Home Address: _____

4. If association, LLP, LLC or a corporation, state full names and residential addresses of principles:

President Name: _____	Home Address: _____
Secretary Name: _____	Home Address: _____
Treasurer Name: _____	Home Address: _____
Other Name: _____	Home Address: _____

5. Manager of Licensed Premises, if not applicant:

Name: _____	Home Address: _____
Day Phone #: _____	Home/Cell #: _____

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles?  
 Yes  No

If so, is your principal business the sale of new vehicles?  Yes  No

Is your principle business the buying and selling of second hand motor vehicles?  Yes  No

Is your principal business that of a motor vehicle junk dealer?  Yes  No

7. Give a complete description of all the premises to be used for the purpose of carrying on the business: The premises consists of a parking lot and an office located at 74 Fall River Avenue, Rehoboth, Massachusetts. I have attached Exhibit A with a highlighted overview of the premises.

8. Are you a recognized agent of a motor vehicle manufacturer?  Yes  No

If yes, state name of manufacturer: \_\_\_\_\_

Do you have a signed contract with manufacturer as required by MGL C.140, Section 58, Class I:  
 Yes  No - Attach copy of signed contract, if applicable.

9. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof?  
 Yes  No

If so, in what city/town \_\_\_\_\_

Did you receive a license? \_\_\_\_\_

For what year? \_\_\_\_\_

10. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked?  Yes  No


11. Identify each individual who owns at least 40% of the business not previously listed above:  
\_\_\_\_\_

**12. Required documents which must accompany this application for new license or renewal of license:**

For Class II Auto License a \$25,000.00 Surety Bond Name of Insurance Co: \_\_\_\_\_

Workers Comp Insurance Signed Affidavit with Certificate of Liability Insurance attached (if applicable)

\$125.00 License Fee - Checks Payable to the Town of Rehoboth

Sign your name in full: 

Print Name: Barry Knoff Bixby

Home Address: 364 Glen Meade Dr., Portsmouth RI 02871

Date: 8/12/2021

\*\*\*\*\*

APPLICANT WILL NOT FILL IN THE FOLLOWING BLANKS

LICENSE NUMBER \_\_\_\_\_ GRANTED \_\_\_\_\_ FEE \$125.00

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REHOBOTH BOARD OF SELECTMEN

COMMONWEALTH OF MASSACHUSETTS  
TOWN OF REHOBOTH  
APPLICATION FOR LICENSE (GENERAL)

**RECEIVED**  
AUG 18 2021  
**BOARD OF SELECTMEN**

To the Licensing Authority:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto:

**Barry Ruoff Bixby**

Print applicant's name

**European Motor Cars**

Print full name of business

Print d/b/a (if appropriate)

**TYPE OF LICENSE/PERMIT BEING APPLIED FOR: (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> COMMON VICTUALLER—\$25                   | <input type="checkbox"/> JUNK (ANTIQUE) LICENSE* - \$20  |
| <input type="checkbox"/> AUTOMATIC AMUSEMENT—see schedule for fee | <input type="checkbox"/> HAWKERS & PEDDLERS—\$50   |
| <input type="checkbox"/> POOL TABLE—\$20 per table                | <input type="checkbox"/> 7-DAY ENTERTAINMENT—\$50<br>(PLEASE COMPLETE ENTERTAINMENT LICENSE)   |
| <input type="checkbox"/> AUCTION                                  | <input checked="" type="checkbox"/> AUTO CLASS <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III<br>(Please check appropriate #)--\$125 |
| <input type="checkbox"/> LIVERY--\$25 per vehicle                 |  |
| <input type="checkbox"/> OTHER _____                              |  |

Business Address:

74 Fall River Ave, Rehoboth, MA 02769

Mailing Address:

(if different than  
business address)

Home Address:  
(REQUIRED)

36A Glen Meade Drive, Portsmouth, RI 02871

Business Phone:

401-465-1900

Home Phone:

401-465-1900

Email Address:

Barry@BarryBixby.com

Applicant's Signature

**PLEASE COMPLETE FOLLOWING SECTION:**

**Required:** Pursuant to M.G.L. Ch. 62C, Sec. 49A, 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 and Local taxes required under law.

File \_\_\_\_\_ (cable)

Signature of Individual or Corporate Name

By: \_\_\_\_\_

Corporate Officer (if applicable)

\* For any new applications for Auto, Junk/Antique or Hawkers & Peddlers license, please sign attached CORI form.



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 Businesses

**Applicant Information**

Please Print Legibly

Business/Organization Name: European Motor Cars

Address: 74 Fall River Ave

City/State/Zip: Rehoboth, MA 02769

Phone #: 401-465-1900

**Are you an employer? Check the appropriate box:**

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  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]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below 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.

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

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration 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 \$1,500.00 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: \_\_\_\_\_

Date: 8/12/2021

Phone #: 401-465-1900

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_

Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_



9/27/21

**NEW BUSINESS:**

**Action Item (4): Interview Possible Candidates for the Historical Commission- Paula Muggleton and Mason Turcotte, with possible action**

**Background:** The Historical Commission has interviewed both candidates and feel they would both be great additions to the Commission and they are asking for the BOS approval as well.

**If the Board decides to move forward:**

**Motion:** Vote to Appoint Paula Muggleton to the Historical Commission effective 9/27/21-6/30/23.

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Motion:** Vote to Appoint Mason Turcotte to the Historical Commission effective : 9/27/21 to 6/30/23

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

9/27/21

**NEW BUSINESS:**

**Action Item (5): Discussion Re: Social Media with IT Committee, with possible action**

**Background:** George asked that this discussion be placed on the agenda so he could update the Board on their past meetings and Social Media Policy

**Motion:**

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

9/27/21

**NEW BUSINESS:**

**Action Item (6): Vote to Approve Volunteer for the COA-SHINE Program-Joanne Gibney-Wilmot**

**Background:** The Council on Aging Board is requesting the Board of Selectmen to approve Ms. Gibney-Wilmot as a volunteer to the COA to help with the SHINE Program. **Just as a reminder she lives in Plymouth, MA.**

**Motion:** Vote to Approve Joanne Gibney-Wilmot as a volunteer to the COA for the SHINE Program.

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

9/27/21

**NEW BUSINESS:**

**Action Item (7): Vote Appointments for Director of Veterans' Services (John "Jake" Kramer) and Public Health Nurse (Jaime Conlon)**

**Background:** Based on last week's vote to approve these 2 new positions/contracts, the appointments need to be approved as well.

**Motion:** Vote to Appoint John "Jake" Kramer as the Director of Veterans' Services effective: 9/20/21-6/30/24

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

**Motion:** Vote to Appoint Jaime Conlon as the Public Health Nurse effective: 9/20/21-6/30/24

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

9/27/21

**NEW BUSINESS:**

**Action Item (8): Vote to Approve One Day Liquor License for Anawan Brewing Company, LLC-see attached for details**

**Background:** Anawan Brewing Company, LLC has applied for a One Day Liquor License to serve samples of their beer at Greenlock Therapeutic Riding's Fall Festival Fundraiser on Sunday October 3, 2021.

**Motion:** To approve the One Day Liquor License for Anawan Brewing Company on 10/3/2021 at the Greenlock Therapeutic Riding, 59 Summer Street, Rehoboth. Transportation of liquor will be 10/2/21 and 10/4/21.

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

Office of  
SELECTMEN  
148R Peck Street  
Rehoboth, MA 02769



Tel.: (508) 252-3758  
Fax: (508) 252-5342

### NOTICE OF APPROVAL OF SPECIAL LICENSE

The local Licensing Authorities of the Town of Rehoboth have approved, pursuant to the provisions of the Massachusetts General Laws, Chapter 138, Section 14, issuance of a Special License as described herein:

LICENSE NUMBER: **21-11L** FEE: \$25.00 PER DATE **TOTAL: \$25.00**

DATE OF LOCAL AUTHORITY APPROVAL: **September 27, 2021**

NAME OF LICENSEE: **Anawan Brewing Company LLC**  
ADDRESS OF LICENSED PREMISES: **Greenlock Therapeutic Riding**  
**59 Summer Street**

EFFECTIVE DATE(S) OF LICENSE: **10/3/2021 Fall Festival Fundraiser**

**Transportation of Alcohol: 10/2/2021 and 10/4/2021**

AUTHORIZED HOURS OF SALE: **11:00am-7:00pm**

LICENSE IS FOR THE SALE OF:

- a. ALL ALCOHOLIC BEVERAGES
- b. WINE & MALT BEVERAGES
- c. WINE ONLY
- d. MALT BEVERAGES ONLY

LICENSED ACTIVITY/ENTERPRISE IS:

- FOR PROFIT
- NON-PROFIT

WITNESS OUR HAND THIS 27<sup>th</sup> DAY OF SEPTEMBER 2021

\_\_\_\_\_  
Frederick E. Vadnais, Jr., Chairman

\_\_\_\_\_  
David A. Perry, Vice Chairman

\_\_\_\_\_  
James Muri, Clerk

\_\_\_\_\_  
George Solas, Member

\_\_\_\_\_  
Michael Deignan, Member  
REHOBOTH BOARD OF SELECTMEN

Cc:

- \_\_\_ Police Dept
- \_\_\_ Fire Dept
- \_\_\_ Inspector of Buildings
- \_\_\_ ABCC



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 Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: ANAWA Brewing Co LLC  
 Address: 7 Park St. Unit 2 Rehoboth MA  
 City/State/Zip: Rehoboth MA 02769 Phone #: 774-340-5152

Are you an employer? Check the appropriate box:

1.  I am an employer with 4 employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  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]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other

\*Any applicant that checks box #1 must also fill out the section below 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.

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

Insurance Company Name: Hartford Fire Ins Company  
 Insurer's Address: One Hartford Plaza Hartford CT 06155  
 City/State/Zip: Hartford CT 06155  
 Policy # or Self-ins. Lic. # 08 WEC AH2WWW Expiration Date: 8/12/22

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration 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 \$1,500.00 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: [Signature] Date: 9/13/21

Phone #: 774-340-5152

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/15/2021

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

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

<b>PRODUCER</b> C & S Insurance Agency, Inc. 190 Chauncy St Mansfield MA 02048		<b>CONTACT NAME:</b> Debra Gerraughty <b>PHONE (A/C, No, Ext):</b> (508) 339-2951 <b>E-MAIL ADDRESS:</b> Debbie@candsins.com <b>FAX (A/C, No):</b> (508) 339-4811	
<b>INSURED</b> Anawan Brewing Company, LLC PO Box 222 Rehoboth MA 02769-0222		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hartford Fire Insurance Co. NAIC # 19682 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: 2021 WC COI REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	N/A	08WECAH2WWW	08/12/2021	08/12/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b> Town of Rehoboth 148 Peck Street Rehoboth MA 02769	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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9/27/21

**NEW BUSINESS:**

**Action Item (9): Vote to Accept a \$4000 Donation for the COA from the MA Councils on Aging and a Piano from Carol Kingman of No. Dighton.**

**Background:** Last week George Solas mentioned the donation of the piano from Ms. Kingman to the COA. The COA also received a \$4000 donation from the MA Councils on Aging. We are very grateful for both donations for the COA. Arrangements are being made to transport the piano to the COA.

**Motion:** To accept the donation from Ms. Kingman for the piano.

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

**Motion:** To accept the donation of \$4000 from the MA Councils on Aging for the COA.

<b>Moved:</b>		<b>Second:</b>		<b>Vote:</b>	
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**Discussion:**

9/27/21

Department Head Reports:

Selectmen's Reports:

Vadnais:

Deignan:

Perry:

Muri:

Solas: