

Town of Bourne Interdepartmental Advisory Form





Start Date:		4/11/20	019							
Owner/Appli	cant:	KKP, Inc.,d/b/a The Sagamore Inn, Suzanne L. Bilodeau, Mgr.								
Project Locat	ion:		1131 Route 6A, Sagamore, MA							
Nature of Rec	bevera bevera their te	Change from a Seasonal Common Victualer License for the sale of all kinds of alcoholic beverages to a Year Round Common Victualer License for the sale of all kinds of alcoholic beverages; to construct a 40'x24' attached deck to the left of the building and to increase their tented outside dining for functions from a size from 30'x75' to a 46'x86' tent full application on file in the Selectmen/Town Administrator's Office								
Liability Insu Naming Town Bourne as Additional In	ı of	Has ap	oplica	ant pro	vided insu	rance?		Yes	[No
Map:	18.2	2		Pa	arcel:	9.00		District:		
Engin	eering	:				· k				
Date of Recording:			Lot A	Area:		Frontage:		Zone:		R40
Resource District:	Yes		Towi Road		No	Paved:	Ye	Contigu Lots:	ious	No
Flood Zone:	X		With 100' (Wetl:	of	No					
Owner: Remarks:										
4/11/2	2019	,	Timo	thy P	Lydon					
Da	te]	Depa	rtmen	t Head					
Plannin Remarks: Im must conform variance 2015	provem with Z-V13.	ents BA	Jenni	ifer Co	Concurs		Does !	Not Concur		
Da			Iowr	ı Plann	ier					
Plannin Remarks:			Elme	Clegg	Concurs		Does	Not Concur		
Dat				d Mem	No.					
Conser	vation	Comn	nissi	on:	Must	File De	termin	ation Not	ice of	Intent

Remarks:		
4/12/2019	S. Haines/ts	
Date	Conservation Agent	
Board of Health:	Concurs Does N	Not Concur
Remarks: See memo		
4/19/2019	Terri Guarino	
Date	Health Agent	
Building Inspector	r: Concurs Does I	Not Concur
Remarks:		
4/11/2019	Roger Laporte/ag	
Date	Building Inspector	
Sewer Commission	ners: Does Not Cond	eur
Remarks: na		
4/12/2019	George M. Sala [mr]	
Date	Department Head	
☐ Town Collector:	Outstanding Taxes	Taxes Paid In Full
FY RE \$0.00	FY RE \$0.00 FY	RE \$0.00
FY RE \$0.00 FY RE \$0.00	FY RE \$0.00 FY FY RE \$0.00 FY	RE \$0.00 RE \$0.00
Remarks:		NL \$0.00
4/12/2019 Date	A Dastous Town Collector	
24,10	2011.	
Town Clerk: If not corporation has Remarks: DBA expires on	business certificate been issued? Xes March 16, 2021	No
4/11/2019	CCobb	
Date	Clerk's Office	
Assessors: This individual has (h	ave) completed the Form of List?	No

04/19/19 12:41 PM

P:\Routing Slips\Sagamore Inn.docx

4/11/2019	Sandi Paiva
Date	Assessors Office
Department of Pu	blic Works: Approved Disapproved Not Under DPW Jurisdiction
Remarks:	
4/12/2009	George M. Sala [mr]
Date	Department Head
Department of Na	tural Resources: Approved Disapproved Not Under DNR Jurisdiction
Remarks:	
4/11/2019	Chris Southwood
Date	Department Head
Recreation Depart	ment: Does Not Concur
Remarks: n/a	
4/12/2019	Krissane Caron [mr]
Date	Department Head
Police Department	Concurs Does Not Concur Not Under Police Jurisdiction
4/11/2019	Chief Dennis R. Woodside
Date	Department Head
Fire Department:	Concurs Does Not Concur
	meet all fire codes and deck must not be allowed to be closed in. Will trigger all current sprinkler es part of closed in. Tent will need inspection prior to occupancy as well as seating capacity
4/12/2019	Chief Sylvester
Date	Department Head
Board of Selectme	en: Does Not Concur
Remarks:	
Date	Chairman

Town of Bourne Board of Health

Bourne Town Hall 24 Perry Avenue Buzzards Bay, MA 02532 508-759-0600 EXT 1513 508-759-0679 (FAX)

Memo

To:

Board of Selectmen

From:

Terri Guarino, Health Agent

CC:

Office of the Town Administrator, Mike & Suzanne Bilodeau

Date:

April 19, 2019

Re:

1131 Sandwich Rd—Sagamore Inn Restaurant Liquor Hearing

This letter is written for additional comment on the liquor hearing scheduled for April 23, 2019 for the change in class of liquor license, permission to construct a new deck, and increase in tent size for the Sagamore Inn Restaurant. I have reviewed the plans on file and determined that the existing Board of Health food permit and septic system is adequate for these changes.

The sewage disposal system at this address was installed on June 12, 2018 and was designed to accommodate the existing 3-bedroom apartment and a total of 190 seats for the restaurant/ tavern, accounting for the future deck expansion. The Sagamore Inn has been issued food permit #87-19 and passed inspection on March 15, 2019. We ask that the owners contact us in the future prior to any outdoor food events to go over the availability of portable toilets, water and other utilities, and possible requirements depending on the type of food event.

Please do not hesitate to contact me with any questions you may have.

Sincerely,

Terri Guarino, RS

TOWN OF BOURNE LIQUOR HEARING

Notice is hereby given in accordance with Massachusetts General Laws Chapter 138, Section 12 that application has been received from KKP Inc., d/b/a The Sagamore Inn, Suzanne L. Bilodeau, Mgr., 1131 Route 6A, Sagamore, Massachusetts to change the class of license from a Seasonal Common Victualer License for the sale of all kinds of alcoholic beverages to a Year Round Common Victualer License for the sale of all kinds of alcoholic beverages to be drunk on the premises. The license application also includes constructing a new 40'x 24' attached deck to the left of the building, and to increase the current tent size from 30'x75' to a 46'x 86', Description of premises: 1st floor: 3 dining rooms & bar, office storage room, 3 rest rooms, front, rear and side outside decks, kitchen and kitchen preparation room, 2 walk-in coolers, 6 entrance and exits. 46'x86' tented outside dining for functions. 2nd floor: 5 rooms; 3rd floor: 3 rooms, cellar used for storage. A hearing will be held at the Bourne Veterans' Memorial Community Center, 239 Main Street, Buzzards Bay, on Tuesday, April 23, 2019 at 7:30 p.m.

BOARD OF SELECTMEN Peter J. Meier Judith MacLeod Froman James L. Potter George G, Slade, Jr. Jared P, MacDonald

April 12, 2019



ECRT CODE: RETA

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION FOR AMENDMENT-Change of License Classification

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

Please make \$200.00 payment here: https://www.mass.gov/epay-for-online-payments-abcc PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL **EPAY CONFIRMATION NUMBER** A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) **ADDRESS** STATE W ZIP CODE For the following transactions (Check all that apply): New License Change of Location Change Corporate Structure (i.e. Corp / LLC) Change of Class (i.e. Annual / Seasonal) Transfer of License Alteration of Licensed Premises Pledge of Collateral (i.e. License/Stock) Change of License Type (i.e. club / restaurant) Change Corporate Name Change of Manager Management/Operating Agreement Change of Category (i.e. All Alcohol/Wine, Malt) Change of Officers/ Change of Ownership Interest Issuance/Transfer of Stock/New Stockholder Change of Hours Directors/LLC Managers (LLC Members/LLP Partners, Other Trustees) Change of DBA

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS
TRANSMITTAL FORM ALONG WITH
COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION 239 CAUSEWAY STREET BOSTON, MA 02241-3396



☐ Change of Category

(e.g. All Alcohol, Wines and Malt)

· DOR Certificate of Good Standing

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

APPLICATION FOR AMENDMENT-Change of License Classification

· DOR Certificate of Good Standing

☐ Change of License Type

tavern, inn, restaurant)

(§12 ONLY, e.g. general on premises,

Change of Class (e.g. Seasonal /Annual)

 DUA Certificate of Complian Change of Category Applicat Vote of the Entity Abutter's Notification* Advertisement* Payment Receipt 		 Change of License Type Application Vote of the Entity Advertisement* Payment Receipt
	is required for transaction, please see the local	licensing authority.
1. BUSINESS ENTITY INFORMA	ATION	
Entity Name	Municipality	ABCC License Number
KR LOC UDA Jag	In Bourn	11800077
Please provide a narrative overview of the	e transaction(s) being applied for. Attach additi	onal pages, if necessary.
Changing Liquon lic	ense from Seasonal	to Year Round
APPLICATION CONTACT		
The application contact is the person v	who should be contacted with any questions	
Name Title		Phone Fig. 6.66. C. 7.4.7
Suzami Deloder Mu	sident own Sagamore I	meyahod 508-888-9707
2. LICENSE CLASSIFICATION IN	IFORMATION	-
	<u></u>	
2a. Change of License Category	Last-Approved License Category	
All Alcohol, Wine and Malt, Wine Malt and Cordials	Requested New License Category	
2b. Change of License Class	Last-Approved License Class	Seasonal
Seasonal or Annual	Requested New License Class	Year Round
2c. Change of License Type* i.e. Restaurant to Club	Last-Approved License Type	
Certain License Types CANNOT change once issued	Requested New License Type	

APPLICANT'S STATEMENT

	A '
, Sc	Authorized Signatory the: Sole proprietor; partner; Corporate principal; LLC/LLP manager
of	KP Inc DBA: Say amode Inn
	Name of the Entity/Corporation
hereb Bever	by submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic rages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.
Applic	ereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the cation, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief, her 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: Date: 0 43 19
	Title: Plasicent



TOWN OF BOURNE

Board of Assessors 24 Perry Avenue Buzzards Bay, MA 02532 (508) 759-0600 Ext. 1510 + Fax (508) 759-8026



Brûce Cabral, MAA Director of Assessing

Anne Ekstrom, Chairman Priscilla A. Koleshis, Clerk Michael Leitzel, Member

March 25, 2019

Suzanne L. Bilodeau PO Box 166 Sagamore, MA 02561

Reference: Abutters List for Map 18.2 Parcel 9 Subject Property: 1131 Sandwich Rd

Pursuant to the provisions of Massachusetts General Laws Chapter 138, Section 15A, as amended, this is to certify that the enclosed list of names and addresses constitutes all of the abutters of the premise, including schools, churches and hospitals within 500 feet of the subject property on the most recent tax list of the Town of Bourne. The purpose of the abutters list is for an application of a Liquor License from the Board of Selectmen.

Abutting properties are: Map 18 Parcel 11; map 18.2 Parcels 10 & 10.01.

Your payment of \$10.00 has been received by the Assessors Office.

Please be advised that this abutters list is only good for 30 days from the date on this letter. Expired abutters list can be recertified for an additional filing fee.

See enclosed Data Base Inquiry Forms for abutters mailing addresses.

List Enclosed

Board of Assessors

hne Ehstrom Priscilla Koleshis Victorel &

			₩	
STEPHEN BALLENTINE ET AL TR BOURNE CONSERVATION TRUST	JOANNE HALEY SULLIVAN	NSTAR ELECTRIC CO	Owner	1 Abutters List LIVE Key IN 3230,3288,3289
0 FREEMAN LN N 9500	1107 SANDWICH RD N 13744/189 P O BOX 353	1109 ROUTE 6A N 4230	Location LCt/Cl	Report #24: Owner Listing Report Fiscal Year 2020
20589/27 12/20/2005	N 13744/189 P 1010 4/20/2001	1/3/2007	LCt/Cl Bk-Pg(Cert) /Dt	g Report
P O 80X 203	0 BOX 353	PO BOX 270	Mailing Street	
CATAUMET	SAGAMORE	HARTFORD	Mailing City	

ST Zip Cd/County CT 06141-0270

Bourne MA

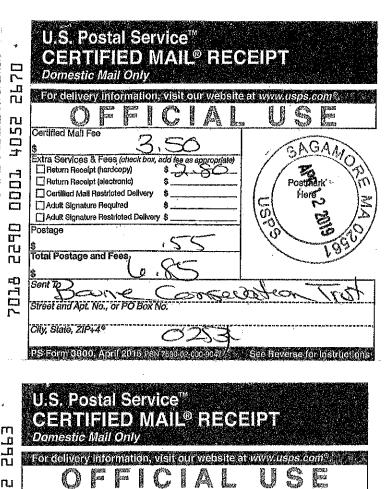
MA 02534

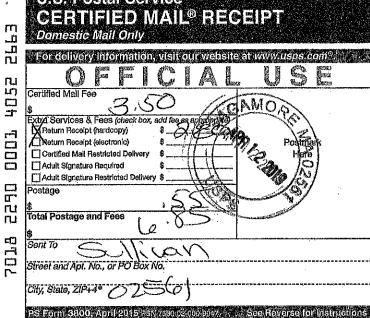
MA 02561-0353

Extract 1
Database: 1
Filter: Sort
Key Parcel ID
3230 18.0-11-0

Total Records

3289 18.2-10-1 3288 18.2-10-0

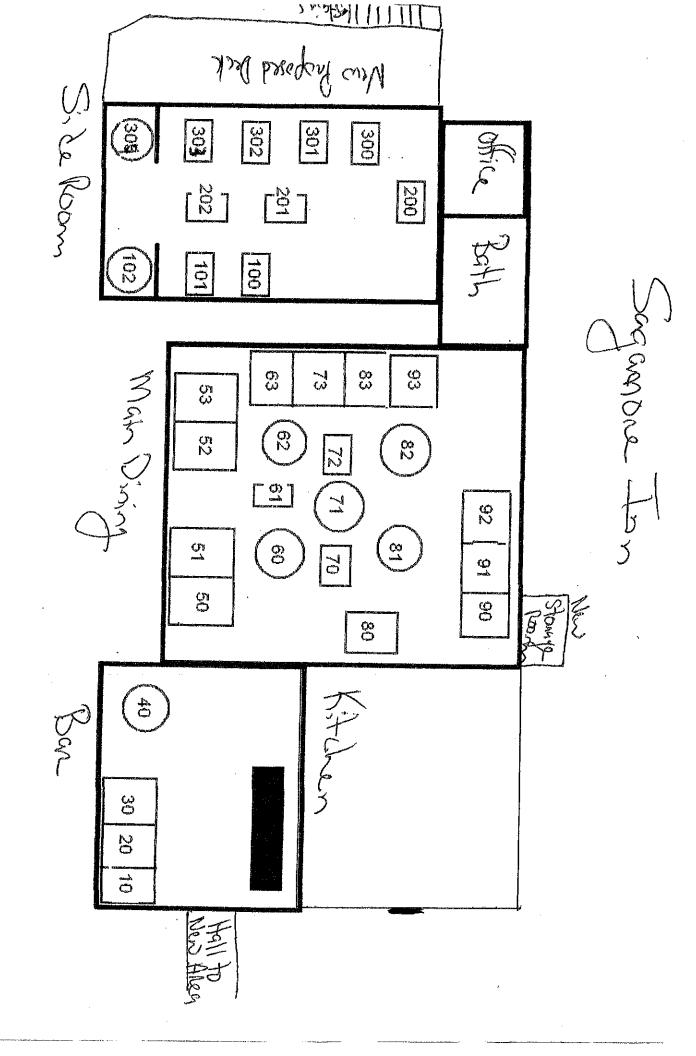


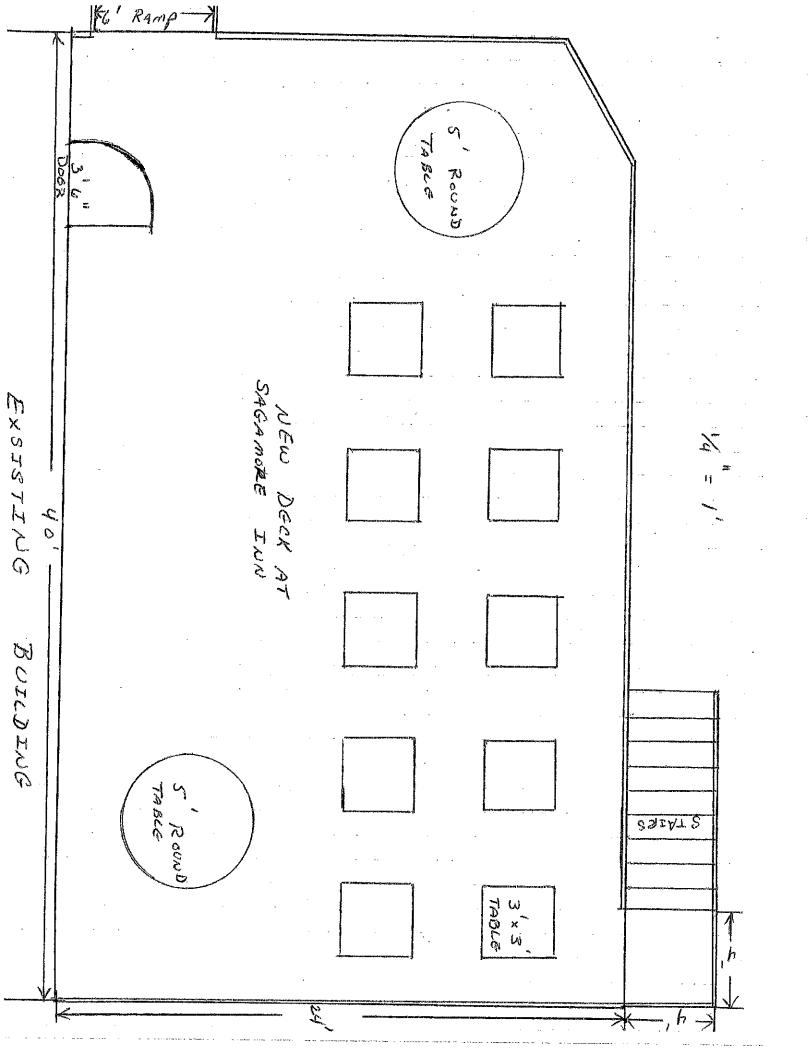




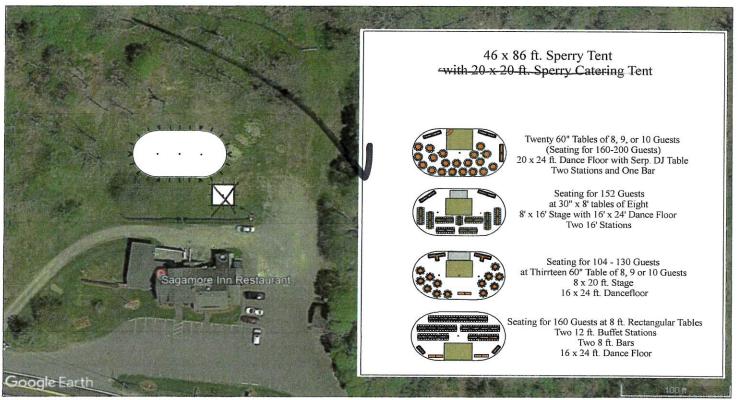
CORPORATE VOTE

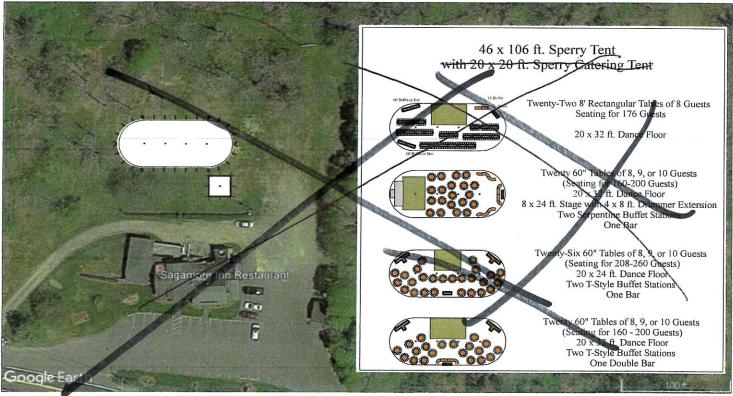
The Board of Directors or LLC Managers of LA	Entity Name
duly voted to apply to the Licensing Authority of	and the
Commonwealth of Massachusetts Alcoholic Beverage	ges Control Commission on Sate of Meeting
For the following transactions (Check all that apply):	
Change of Class (i.e. Annual / Seasonal)	
Change of License Type (I.e. club / restaurant)	
Change of Category (i.e. All Alcohol/Wine, Malt)	
Pother Increase test Size From 30x15 to	Typx86, To build an attached 40x24 deck
"VOTED: To authorize Suzane L. B	ne of Person
to sign the application submitted and to execute do all things required to have the application gra	e on the Entity's behalf, any necessary papers and anted."
	For Corporations ONLY
A true copy attest,	A true copy attest,
Sugare & Bilode Pasidet	Michael K Bilidean: The some
Combrate Officer /LLC Manager Signature	Corporation Clerk's Signature



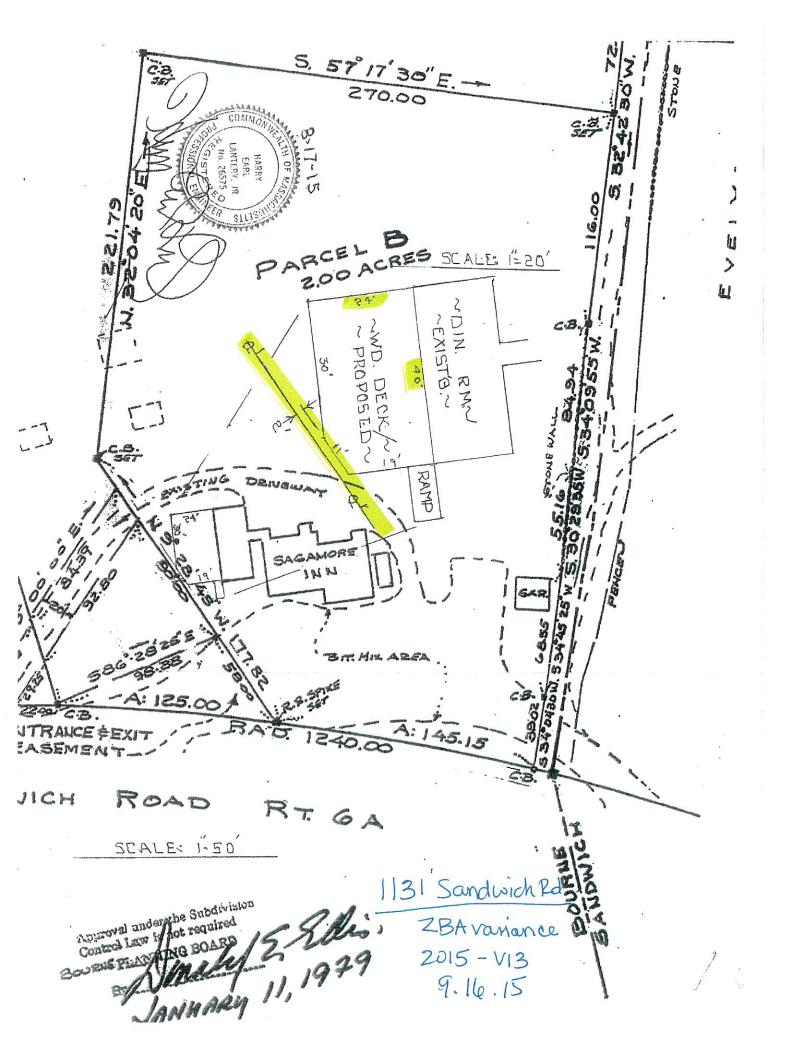


Sagamore Inn - 2019





Design your own seating plan and table layout at http://www.sperrytentsmarion.com/products/icovia





Town of Bourne Interdepartmental Advisory Form





Start Date:		3/22/2019							
Owner/Appli	cant:	Buzzards I	Bay Tra	insportatio	n, LLC, Paul So	chlegel &	Ping P. Chu,	Mana	gers
Project Loca	tion:	304 Main Street, Buzzards Bay, MA 02532							
Nature of Re	quest:	Public Livery 2-2007 Lincoln Town Cars (Limousine Service) Limousines will be house at 304 Main Street, Buzzards Bay							
Liability Insu Naming Town Bourne as Additional In	n of	Has applic			•	× Yes	1	1	No No
Map:	20	0.3	F	Parcel:	132.00]	District:		
Engine	eering:	:		*					
Date of Recording:			Area:		Frontage:		Zone:		DTG
Resource District:	No	Tow Road		Yes	Paved:	Yes	Contigu Lots:	ious	No
Flood Zone:	X	With 100' Wet		No					×
Owner: Remarks: 4/11/2 Date Plannin Remarks: Vel housed in sout lot only. No ve to be housed in parking lot. 3/29/2 Date	g Depa hicles to th parking hicles and west	Department: be ng re	rtmen	Lydon t Head Concurs		Does Not	Concur		
Plannin Remarks: 3/26/20	_		Clegg	Concurs 5/ag		Does No	t Concur		
Date	e		l Mem		File Deta	erminatio	n Notic	ce of]	Intent
		- Mario Villago - Anno A		algo arrasa	2000				26 (102 12) To To To To

Need	not	File

3/26/2019	Samuel Haines				
Date	Conservation Agent				
	The state of the s				
Board of Health	: Con	curs	Does No	ot Concu	r
Remarks:					
3/26/2019	Terri Guarino/ag				
Date	Health Agent				
Building Inspect	or: 🛛 Co	ncurs	Does N	ot Concu	r
D					
Remarks:					
3/26/2019	Roger Laporte/ag				
Date	Building Inspector				
Sewer Commissi	oners: Concurs	Does	Not Concu	ır	F
Remarks: N/A					
	Part saves rain a sometimen				
3/22/2019	George M. Sala [dj]				
3/22/2019 Date	George M. Sala [dj] Department Head				
				in the state of th	
	Department Head	tstanding Taxes	\boxtimes	Taxes I	Paid In Full
Date	Department Head		FY		
Town Collector: FY RE \$0.00 FY RE \$0.00	Department Head Ou FY RE FY RE	\$0.00	FY FY	RE RE	\$0.00 \$0.00
Date Town Collector: FY RE \$0.00	Department Head Ou FY RE	\$0.00		RE	\$0.00
Date Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00	Department Head Ou FY RE FY RE	\$0.00	FY	RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks:	Department Head Ou FY RE FY RE FY RE FY RE	\$0.00	FY	RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks: 4/19/2019	Department Head Ou FY RE FY RE FY RE FY RE A Dastous	\$0.00	FY	RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks:	Department Head Ou FY RE FY RE FY RE FY RE	\$0.00	FY	RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks: 4/19/2019	Department Head Ou FY RE FY RE FY RE FY RE A Dastous	\$0.00	FY	RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks: 4/19/2019 Date Town Clerk:	Pepartment Head FY RE FY RE FY RE FY RE TOWN Collector	\$0.00 \$0.00 \$0.00	FY	RE RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks: 4/19/2019 Date Town Clerk:	FY RE FY RE FY RE FY RE Town Collector	\$0.00 \$0.00 \$0.00	FY	RE RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks: 4/19/2019 Date Town Clerk: If not corporation ha Remarks: Doing Business	FY RE FY RE FY RE FY RE FY RE Substitute of the state of	\$0.00 \$0.00 \$0.00	FY	RE RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks: 4/19/2019 Date Town Clerk: If not corporation ha Remarks: Doing Business 3/27/2019	Pepartment Head FY RE FY RE FY RE FY RE A Dastous Town Collector s business certificate bunder LLC name C. Cobb	\$0.00 \$0.00 \$0.00	FY	RE RE RE	\$0.00 \$0.00
Town Collector: FY RE \$0.00 FY RE \$0.00 FY RE \$0.00 Remarks: 4/19/2019 Date Town Clerk: If not corporation ha Remarks: Doing Business	FY RE FY RE FY RE FY RE FY RE Substitute of the state of	\$0.00 \$0.00 \$0.00	FY	RE RE RE	\$0.00 \$0.00

Assessors: This individual has	(have) completed the Form of List? Yes No
Remarks: N/A	
4/12/2019	Sandi Paiva
Date	Assessors Office
Department of P	Public Works: Approved Disapproved Not Under DPW Jurisdiction
Remarks:	
4/19/2019	George M. Sala [mr]
Date	Department Head
Department of N	atural Resources: Approved Disapproved 🔀 Not Under DNR Jurisdiction
Remarks:	
3/22/2019 Date	Chris Southwood Department Head
Date	Department Head
Decreation Dana	mtmont.
Recreation Depa	rtment:
Remarks:	
3/25/2019	Krissanne M. Caron
Date	Department Head
Police Departmen	nt: Concurs Does Not Concur Not Under Police Jurisdiction
Damaulia	
Remarks:	
4/1/2019	Lt. Brandon M. Esip
Date	Department Head
Fire Department:	Concurs Does Not Concur
Remarks: All egrees and	fire lanes must be maintained at site.
3/25/2019 Date	Chief Sylvester Department Head
Date	Department Head
⊠ Board of Selectm	en: Does Not Concur
Remarks:	

Date	Chairman	

THE COMMONWEATH OF MASSACHUSETTS TOWN OF BOURNE APPLICATION FOR LICENSE (LIVERY)

No: Date:							
To the License Authorities: The undersigned applies for a Livery License in accordance with the provisions of the Statutes relating thereto.							
Name: Byzzaws Bay Transportation UC Ping PCho (full name of person/firm/corporation making application)							
Home Address: 300 main ST							
Bourne, MA 02532							
Mail Address: Some							
Telephone: 508-566-3667 508-566-3016 508-566-273 (Business) (Home) (Cell) Email: Buzzaros Bay Transportation @ amaic 10m							
Make and year of vehicle: (1) 2007 Union Town Can							
Number of passengers: (1) 8 Registration number (1): U76153							
VIN(1): 1LIEM89 W374606567							
VIN (1): 1 LIFM 89 W 374606567 Inspection done by: STOP HUAYIN'S Date 3/5/19 Approved Yes No							
Make and year of vehicle: (2) OCCT Lyncoli Town Can.							
Number of passengers; (2) Registration number: (2) W 76154							
VIN(2): 1L1 FM 88 W97 Y 632512.							
Inspection done by: Stop Wanna Date 3 5 19 Approved Yes No							
Insurance Company: Progressive Insurance							
Address: PO Box 6807 Clevelano, OH 44101							
In said Town of Bourne in accordance with the rules and regulations made under authority of said statues. Signature of Applicant							

Approved:(yes) (no) License Granted thisday of							
Chairman, Board of Selectmen							
Bodily Injury: \$100,000 each person \$300,000 each accident \$250,000 property damage							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/08/19

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(les) 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).

-	nls certificate does not confer rights to the certificate holder in it			~~`~~`~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	OUÇER		CONTACT JIM HINDMAN				
	hlegel & Schlegel ins Brokers, Inc.	[4]	PHONE (A/C, No, Ext); 508-771-8381 [FAX (A/C, No); 508-771-0663 [E-MAI] [FAX (A/C, No); 508-771-0663 [FAX (A/C, No); 508-771-068] [FAX (A/C, No); 508-771-068] [FAX (A/C, No); 508-771-068] [FAX (A/C, No); 508-771-068] [F				
	Main Street st Yarmouth, MA 02673	ĀD					
***	SE THINDOWN NICE VEGITO	<u>_</u>	INSURER(S) AFFORDING COVERAGE NAIC #				
		. INS	INSURERA: PROGRESSIVE				
INSU	IRED	INS	INSURER D: TRAVELERS				
	BUZZARDS BAY	IN	INSURER C;				
	TRANSPORTATION LLC	INS	INSURER D:				
	300 MAIN ST Buzzards Bay, Ma 02532	INS	INSURER E:				
	DOSTALIDO DALÍMA ATOME.	ÍNE	INSURER F:				
CO	VERAGES CERTIFICATE NUMBER:		REVISION NUMBER:				
IN Çi	IIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITI ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR KCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY	ON OF ANY O	CONTRACT OF POLICIES DE REDUCED BY	R OTHER DOCUM SCRIBED HEREIN PAID CLAIMS.	ENT WITH RESPECT TO WHAT IS SUBJECT TO ALL THE T	IICH THI	
NSR LTR	TYPE OF INSURANCE HADDLED WYD POLICY NO.	IMPER	POLICY E	PP POLICY EXP	LIMIT	rs	
1917C	GOMMERCIAL GENERAL LIABILITY	A1012-00-00-00-00-00-00-00-00-00-00-00-00-00	Thiship 1913	,,, (mat/00/111)	EACH OCCURRENCE	\$	
	GLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	direction of the second
					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	ş	
	GEN'LAGGREGATE LIMIT APPLIES PER:			1.	GENERAL AGGREGATE	\$	
	POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$	
	OTHER:					\$	
	AUTOMOBILE MABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
	X AVY AUTO				BODILY INJURY (Per person)	\$	500,000
Α	OWNED SCHEDULED 00451606		· 02/19/1	9 02/19/20	BODILY INJURY (Per accident)	\$	1,000,000
	HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	500,000
	▼ 1000 ▼ 1000					\$	
	UMBRELLA LIAB OCCUR		·		EACH OCCURRENCE	3	8,000
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	500,000
	DEO RETENTION \$					\$	1,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/N				PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		03/06/19		E.L. EACH ACCIDENT	\$	100,000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A 1202760 OPFICER/MEMBER EXCLUDED? (Mandatory in MH)			19 03/06/20	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			ĺ	E.L. DISEASE - POLICY LIMIT	\$	500,000
İ							
					<u> </u>	ــــــــــــــــــــــــــــــــــــــ	[
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Roma	ırks Schedule,	may be altached	(if more space is re-	drived)		
	7 LINCOL TOWN M88 11.1FM88W97Y632512 7 LINCOL TOWN M88 11.1FM88W37Y606567						
200	2 LINOUL 1 DEVIA MODE 12 () MODERO 1 PODOVO				1		1
	•						
						_	. 1
							ł
CEF	RTIFICATE HOLDER	GP	NCELLATIC	N .			
	Town Of Bourne 24 Perry Ave		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Bourne, MA 02532	AU	AUTHORIZED REPRESENTATIVE				
	*	M	Melody Schildge				
	1						
				@ 1988-2015	ACORD CORPORATION.	All rig	hts reserved.