



TOWN OF LAKEVILLE MEETING POSTING & AGENDA

*Town Clerk's Time Stamp
received & posted:*

LAKEVILLE TOWN CLERK
RCJD 2024 MAR 29 AM 10:04

K. DeCandia

*48-hr notice effective
when time stamped*

Notice of every meeting of a local public body must be filed and time-stamped with the Town Clerk's Office at least 48 hours prior to such meeting (excluding Saturdays, Sundays and legal holidays) and posted thereafter in accordance with the provisions of the Open Meeting Law, MGL 30A §18-22 (Ch. 28-2009). Such notice shall contain a listing of topics the Chair reasonably anticipates will be discussed at the meeting.

Name of Board or Committee:	BOARD OF HEALTH
Date & Time of Meeting:	Wednesday, April 3, 2024 @ 6:00 p.m.
Location of Meeting:	Lakeville Police Station 323 Bedford Street, Lakeville, MA
Clerk/Board Member posting notice:	Fran Lawrence

Cancelled/Postponed to: _____ (circle one)

Clerk/Board Member Cancelling/Postponing: _____

A G E N D A

Please ask if anyone is recording the meeting and announce that LakeCAM is recording

1. *Reorganization of Board of Health Members*
2. **6:00 p.m. Public Hearing** for proposed regulations to Lakeville Board of Health Regulation pertaining to allowing dogs in outdoor dining areas in restaurants.
3. **Crooked Lane** – *Continued from March 6th meeting.* Meet with Foresight Engineering to discuss requested variances.
4. **Golf Blues, LLC dba Lebaron Hills Country Club** – Establishment Name Change
 - Food Establishment Permit
 - Milk and Cream Permit
5. Discuss the recent BOH Agent's pending items
6. **Announcement**
Rabies Clinic @ the Lakeville Highway Barn on Saturday, April 6, 2024

Any other business that may properly come before the Board of Health

Please be aware that this agenda is subject to change. Should other issues arise requiring immediate attention by the Board of Health after the posting of this Agenda, they may be addressed at this meeting.

LEGAL ADVERTISEMENTS

**TOWN OF LAKEVILLE
BOARD OF HEALTH
LEGAL NOTICE**

A Public Hearing will be held by the Lakeville Board of Health at the Lakeville Police Station 323 Bedford Street on April 3, 2024, at 6:00 pm for proposed regulations to Lakeville Board of Health Regulation Pertaining to allowing dogs in outdoor dining areas in restaurants. The proposed regulations may be obtained online or from the Office of the Board of Health located at 241 Main Street Lakeville, MA during regular business hours.

Christopher Spratt, Chairman
Robert Pollucci
Derek Maxim
Lakeville Board of Health

Dogs allowed in outdoor dining areas

Restaurant owners who choose to allow dogs in outdoor dining must abide by the requirements below.

Restaurants shall have the right to refuse any dog that is not a service animal from their restaurant.

Dogs are not allowed indoors or anywhere food is prepared, not even to walk through to outdoor area.

The restaurant shall have the right to refuse to serve the owner of a pet dog if the owner fails to exercise reasonable control over the pet dog or the pet dog is otherwise behaving in a manner that compromises or threatens to compromise the health or safety of any person present in the restaurant.

Owner is responsible for the behavior of that dog, and the dog must also be on a leash or in a pet carrier.

Restaurant employees are prohibited from petting or playing with any dogs.

Dogs are not allowed to eat or drink using the restaurant's glasses, plates, utensils, tableware, linens or any other items involved in food service operations. *Dog owners should bring their dog a disposable water bowl.*

All dogs have to stay on the ground.

Area for dogs must be identified with a sign posted at all entrances to outdoor area. Signs are not required at restaurants that choose not to allow pet dogs in outside dining areas.

All dogs must be licensed and vaccinated against rabies.

Restaurants must develop plans to handle dogs and their waste. Accidents involving pet dog waste shall be cleaned immediately and the area sanitized with an approved product, by restaurant workers who do not prepare or serve food. A kit with the appropriate materials for this purpose shall be kept near the designated outdoor area.

Foresight Engineering

518 County Road
(Wishbone Way)
West Wareham, MA 02576
508-245-2148

RECEIVED

FEB 14 2024

LAKEVILLE
BOARD OF HEALTH

February 12, 2024

RE: Crooked Ln (59/01/4A) Variance Request

Dear Board Members:

The property located on Crooked Lane (59/01/4A) falls entirely within the Zone A mapped by the state as a tributary to a Surface Water Supply. The property was purchased in 2007 by my client with the understanding it was a buildable lot. Denial of this request, will make the property unbuildable and cause my client financial damages as well as loss of property.

Variance Request:

1. On behalf of the property owner, we are requesting a variance based on 310CMR Section 15.411(5) to site a septic tank within 200' of a tributary provided the system is not less than 100' to said tributary and not within 50' of any surface water.
2. On behalf of the property owner, we are requesting a variance based on 310CMR Section 15.411(5) to site a pump tank within 200' of a tributary provided the system is not less than 100' to said tributary and not within 50' of any surface water.

As shown on the plan, the system is greater than 400' from the bank of the irrigation canals and greater than 200' from the bogs (tributary) which are controlled by the property owner to feed the upland bogs on his property. We feel that the system meets the intent of maximum feasibility of siting the system on the property. The tanks have been placed as far as possible from the canal and bogs on the property to meet property line and foundation setbacks. If you should have any questions, please contact my office. The abutters have been notified for the March 6th meeting.

Sincerely,



Darren Michaelis
CSE, CSI, EIT

LOT AREA
14.33 Ac±

ZONE A NOTE:

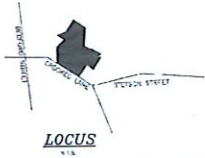
THE ZONE A LOT HAS BEEN ZONED AS ZONE A BY THE DEP. THE ALLOWED VARIANCE IS 10% OF THE ZONE A REQUIREMENTS AND IS SUBJECT TO THE SURFACE WATER SUPPLY.

VARIANCE REQUESTS:

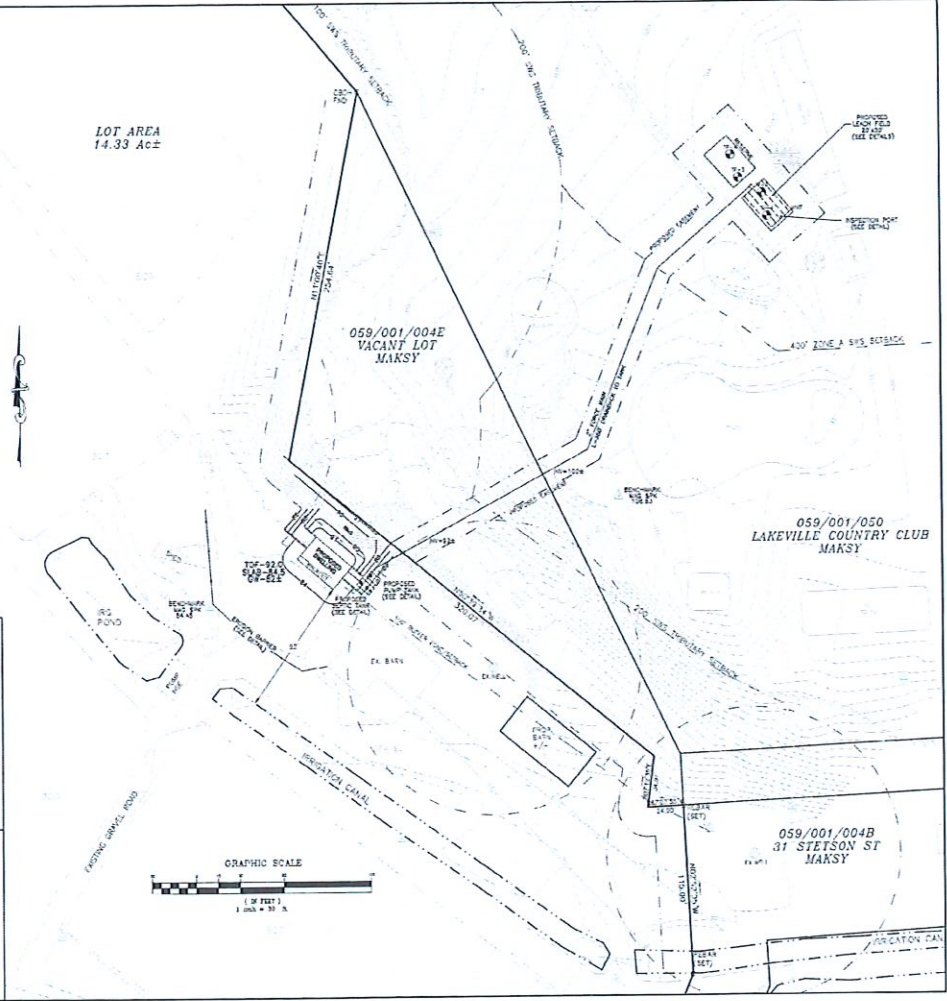
1. TO INSTALL A SEPTIC TANK WITHIN 400' OF A ZONE A SURFACE WATER BUT NOT WITHIN 100' OF SHADY BANK PER 310CMR SECTION 15.01(1)(L).
2. TO INSTALL A PUMP TANK WITHIN 400' OF A ZONE A SURFACE WATER BUT NOT WITHIN 100' OF SHADY BANK PER 310CMR SECTION 15.01(1)(L).

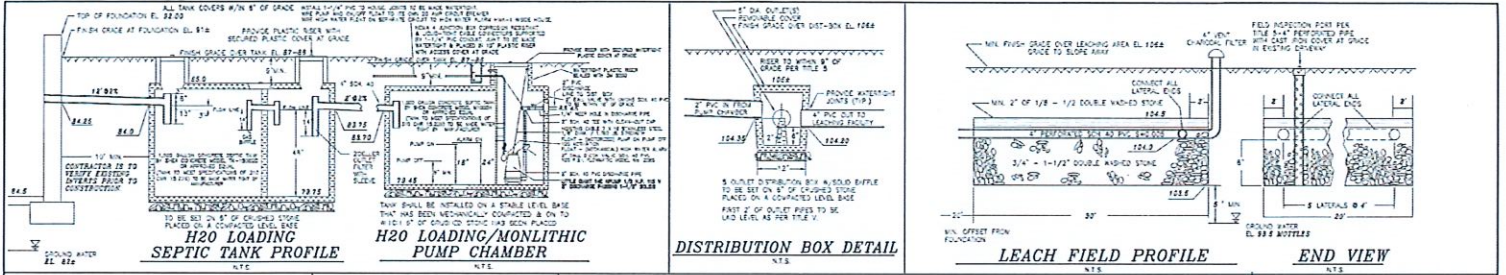
NOTICE OF INTENT REQUIRED NOTE

A NOTICE OF INTENT IS REQUIRED FOR THIS PROJECT. THE NOTICE OF INTENT MUST BE FILED WITH THE DEP. THE NOTICE OF INTENT MUST BE FILED WITH THE DEP. THE NOTICE OF INTENT MUST BE FILED WITH THE DEP. THE NOTICE OF INTENT MUST BE FILED WITH THE DEP.



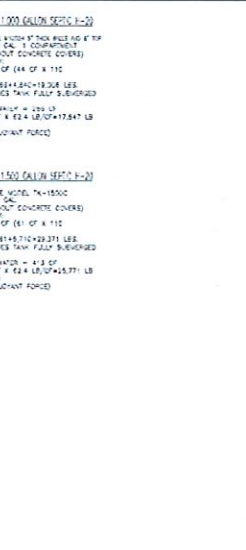
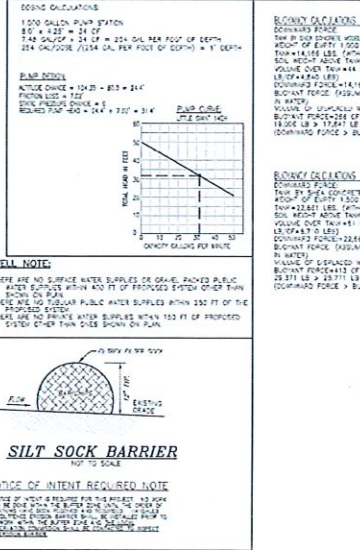
<p>REVISIONS</p> <table border="1"> <thead> <tr> <th>NO.</th> <th>DATE</th> <th>DESCRIPTION</th> <th>BY</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NO.	DATE	DESCRIPTION	BY													<p>DESIGN CAPACITY REQUIRED</p> <p>4 BEDROOMS AT 110 GPD/PERSON = 440 GPD SEE SECTION OF RECORD FOR FLOW RATES</p> <p>SEPTIC TANK VOLUME</p> <p>440 GPD X 2000 = 880 GALL SEPTIC CAPACITY MINIMUM OF 1200 GALLON TWO COMPARTMENT TANK REQUIRED</p> <p>SYSTEM CAPACITY PROVIDED</p> <p>CAPACITY REQUIRED = 440 GPD, 875 GPD/1750 GPD OF SYSTEM SYSTEM SIZE: LEACH FIELD 35' X 40' W X 30" D BOTTOM 1800' - 22' W X 20" L = 800 SF X 0.74 = 448 GPD/24"</p>
NO.	DATE	DESCRIPTION	BY															
<p>PROPERTY INFORMATION</p> <p>DEED BOOK/FACE: 30274/102 PLAN EQUIP/FACE: 83 / 483 PLAN TITLE: FORM A PLAN OF LAND - LOT 3 ASSESSORS MAP/LOT: 059/001/044 PLAN DATE: 4/27/18</p>		<p>LEGEND</p> <ul style="list-style-type: none"> --- 100' EXTENSIVE CONTAINERS - - - - - PROPOSED CONTOUR --- TEST PIT --- SEPTIC TANK --- DIST. BOX --- WELL --- LIMIT OF WETLAND --- WATER LINE --- OVERHEAD WIRES 																
<p>SEWAGE DISPOSAL SYSTEM DESIGN</p> <p>PREPARED FOR: DEEKE MARX 44 CLEAR FORD ROAD LAKEVILLE, MA 02457</p> <p>LOCATED AT: CROOKED LANE LAKEVILLE, MASSACHUSETTS</p> <p>DATE: 2/25/24 TIME: 1:00 PM DRAWN BY: JESSIE-SHA PLAN NO: 2218-044-001</p> <p>FORESIGHT ENGINEERING, INC. 68 COUNTY ROAD, TOWNSEND, MA 01469 TEL: 978.263.4444 FAX: 978.263.4444</p>		<p>GRAPHIC SCALE</p> <p>1" = 20' (HORIZONTAL) 1" = 10' (VERTICAL)</p>																





GENERAL NOTES

- 1) THIS SEWAGE DISPOSAL SYSTEM SHALL BE CONSTRUCTED IN CONFORMANCE WITH THE REGULATIONS OF STATE OF MASSACHUSETTS, AND THE REGULATIONS OF THE LOCAL BOARD OF HEALTH.
- 2) THE LOCAL BOARD OF HEALTH AND THIS FIRM ARE TO BE NOTIFIED (A) PRIOR TO BEGINNING CONSTRUCTION IN THE LOCATION FOR THE PROPOSED SEWER EXHUMATION TO INSURE CONTACT OF NEARBY WATERS.
- 3) PRIOR TO CONSTRUCTING THE SYSTEM IN A MANNER OTHER THAN SHOWN ON THIS DESIGN.
- 4) CONTRACTOR TO VERIFY ALL UTILITY LOCATIONS FROM TO CONDUITS TO WATER, GAS AND OTHER NEARBY UTILITIES. ADDRESS ANY AND ALL DISCREPANCIES TO THE ENGINEER.
- 5) ALL SEPTIC SYSTEM COMPONENTS SHALL BE MANUFACTURED IN ACCORDANCE WITH THE FOLLOWING:
 - (A) 1500 GALLON PUMP STATION:
 - 1. 1500 GALLON PUMP STATION
 - 2. 24" DIA. PER FOOT OF DEPTH
 - 3. 254 GALLONS / (15.84 GALLONS PER FOOT OF DEPTH) x 4" DEPTH
 - (B) 1200 GALLON PUMP CHAMBER:
 - 1. 1200 GALLON PUMP CHAMBER
 - 2. 24" DIA. PER FOOT OF DEPTH
 - 3. 254 GALLONS / (15.84 GALLONS PER FOOT OF DEPTH) x 4" DEPTH
- 6) CONTRACTOR IS TO VERIFY EXISTING MARK, EXISTING UTILITIES AND TOP OF FOUNDATION PRIOR TO ANY EXCAVATION AND BEFORE ANY DISCREPANCIES TO THE DESIGN ENGINEER.
- 7) CONTRACTOR IS TO MARK ALL EXISTING AND PROPOSED PUMP WITH APPROPRIATE MARKING TO GRACE ARE TO BE WATERPROOF AND SEALABLE.
- 8) THE EFFLUENT FILTER INSTALLED REQUIRES A MAINTENANCE TO BE PERFORMED BY THE USER.
- 9) THE CONTRACTOR IS TO DISSEMINATE THE EXISTING SEPTIC SYSTEM IN ACCORDANCE WITH 250 CMR 232.00.



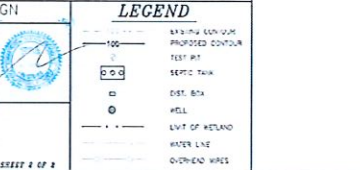
SOIL DATA

REPORTED BY: DANIEL WOODS
 DATE: 12/20/23

TEST #	DEPTH	TYPE	TEST #	DEPTH	TYPE
TEST #1 # 1	0'	CLAY	TEST #1 # 2	0'	CLAY
TEST #1 # 1	12"	CLAY	TEST #1 # 2	12"	CLAY
TEST #1 # 1	24"	CLAY	TEST #1 # 2	24"	CLAY
TEST #1 # 1	36"	CLAY	TEST #1 # 2	36"	CLAY
TEST #1 # 1	48"	CLAY	TEST #1 # 2	48"	CLAY
TEST #1 # 1	60"	CLAY	TEST #1 # 2	60"	CLAY
TEST #1 # 1	72"	CLAY	TEST #1 # 2	72"	CLAY
TEST #1 # 1	84"	CLAY	TEST #1 # 2	84"	CLAY
TEST #1 # 1	96"	CLAY	TEST #1 # 2	96"	CLAY
TEST #1 # 1	108"	CLAY	TEST #1 # 2	108"	CLAY

REVISIONS

NO.	DATE	DESCRIPTION	BY



LEGEND

---	EXISTING UTILITIES
---	PROPOSED CONDUIT
○	TEST PIT
□	SEPTIC TANK
○	DIST. BOX
○	MILL
---	LVIT OF WETLAND
---	WATER LINE
---	OVERHEAD WIRE

SEWAGE DISPOSAL SYSTEM DESIGN

PREPARED FOR: **DAVID MANN**
 44 ELLER ROAD
 LAKEVILLE, MA 02457

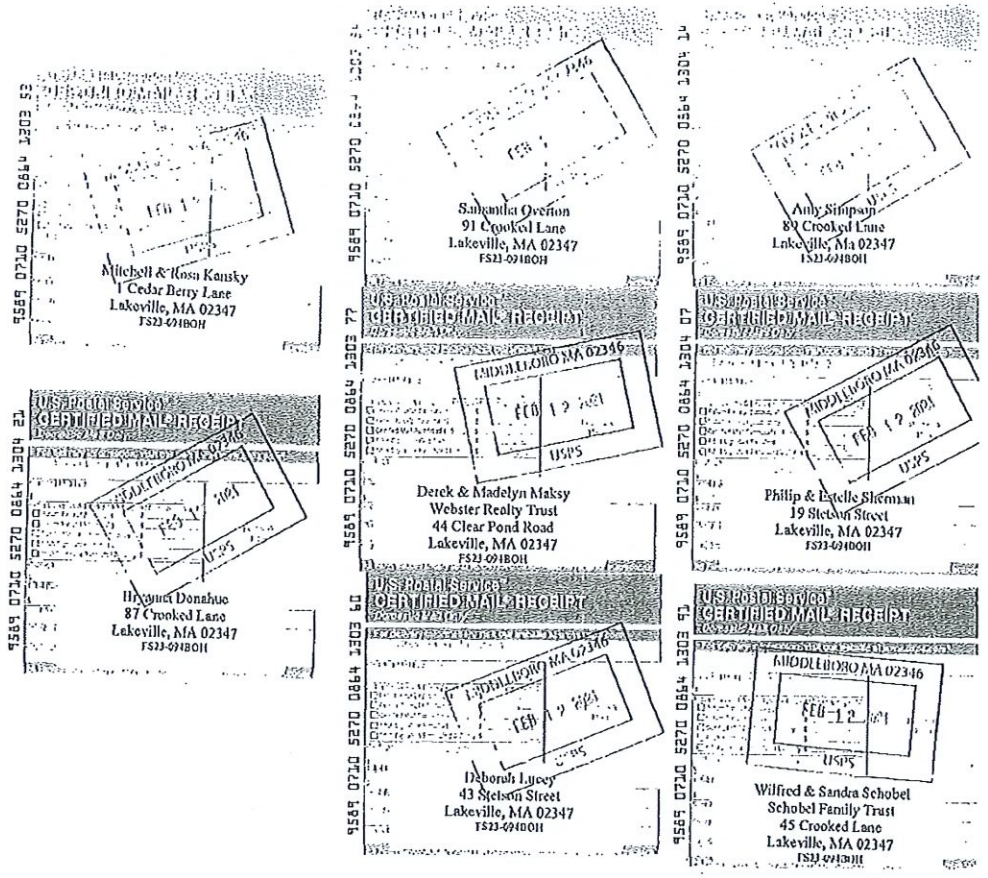
LOCATED AT: **CROOKED LANE**
 LAKEVILLE, MASSACHUSETTS

DATE: 2/2/24

FORESIGHT ENGINEERING INC.
 100 STATE STREET, SUITE 200
 LAKEVILLE, MA 02457

SHEET 4 OF 2

RECEIVED
FEB 28 2024
BOARD OF HEALTH



Crooked Lane

Abutters

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) W. Schobel</p> <p>C. Date of Delivery 2/20/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Wilfred & Sandra Schobel Schobel Family Trust 45 Crooked Lane Lakeville, MA 02347 FS23-094BOH</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 8122 2349 9570 40</p> <p>4589 0710 5270 0864 1303 91</p>	<p>all Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Mitchell & Rosa Kansky 1 Cedar Berry Lane Lakeville, MA 02347 FS23-094BOH</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 8122 2349 9570 02</p> <p>2. Article 4589 0710 5270 0864 1303 53</p>	<p>Registered Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Deborah Lucey 43 Stetson Street Lakeville, MA 02347 FS23-094BOH</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 8122 2349 9570 19</p> <p>2. Article 4589 0710 5270 0864 1303 60</p>	<p>Registered Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p><i>Amy Simpson</i></p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<p>Amy Simpson 89 Crooked Lane Lakeville, Ma 02347 FS23-094BOH</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 8122 2349 9570 64</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restr. Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
<p>9589 0710 5270 0864 1304 14</p>		
<p>PS Form 3811, July 2020 PSN 7630-02-000-9053 Domestic Return Receipt</p>		

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1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<p>Deborah Lucey 43 Stetson Street Lakeville, MA 02347 FS23-094NOI</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 8122 2349 9571 01</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restr. Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
<p>9589 0710 5270 0864 1304 90</p>		
<p>PS Form 3811, July 2020 PSN 7630-02-000-9053 Domestic Return Receipt</p>		

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<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p><i>Philip & Estelle Sherman</i></p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<p>Philip & Estelle Sherman 19 Stetson Street Lakeville, MA 02347 FS23-094BOH</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 8122 2349 9570 57</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restr. Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
<p>9589 0710 5270 0864 1304 07</p>		
<p>PS Form 3811, July 2020 PSN 7630-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Samantha Overton
91 Crooked Lane
Lakeville, MA 02347
FS23-094BOH



9590 9402 8122 2349 9570 33

2. Article Number (Transfer from service label)
9589 0710 5270 0864 1303 84

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Address

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Derek & Madelyn Maksy
Webster Realty Trust
.44 Clear Pond Road
Lakeville, MA 02347
FS23-094BOH



9590 9402 8122 2349 9570 26

2. Article Number (Transfer from service label)
9589 0710 5270 0864 1303 77

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Address

B. Received by (Printed Name) C. Date of Delivery
2-19

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt



Town of Lakeville

Board of Health
346 Bedford Street
Lakeville, MA 02347

Board of Health
(508) 946-3473
(508) 946-8805
(508) 946-3971 fax

APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT

Establishment Name: Golf Blues, LLC d/b/a Lebaron Hills Country Club

Address: 183 Rhode Island Road; Lakeville, MA 02347

Telephone #: 508-947-5707 Email: accounting@lebaronhills.com

Mailing Address (if different): _____

Name & Title of Applicant: Alexis Dunn - manager PH: 508-923-5707

Address of Applicant: 145 Island Road; Straighton MA 02072

Name of Owner (if different from applicant): _____ PH: _____

Address of Owner: _____

If Corporation or Partnership, give Name, Title & Home Address of Officers or Partners

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECEIVED
MAR 18 2024
BOARD OF HEALTH

Emergency Response Person:
Name: _____ Contact #: _____

Annual Temporary Seasonal
(Dates of Operation, if not Annual _____)

Type of Establishment:

- Food Service <25 Seats - \$200 25-50 Seats - \$300 >50 Seats - \$400
- Retail Food \$100 per 5000 sq. ft.
- Temporary/Retail Only \$25 per day
- Mobile Food* \$150
- Temporary (Limited to hot dog steamer and popcorn): \$50 per day
- Temporary - (larger scale fairs, multiple food vendors: \$75 per vendor (Not to exceed 1 wk)
- Residential \$150
- Caterer \$150 Address of Function: _____

* Applications for mobile food units or pushcarts must include a list of the handwash and toilet facilities available on each route. Attach separate sheet.

➤ PLEASE COMPLETE BOTH SIDES OF APPLICATION

Additional Information:

Water Source: City of Taunton Sewage Disposal Type: Septic

Days & Hours of Operation: Varies

If Restaurant: Number of Seats: 228

Person Trained in Anti-Choking Procedures? (For 25 seats or more) Yes No

Person Trained in Allergen Awareness? (Effective 2/2011) Yes No
(attach copy of certificate)

Individuals trained in Food Safety: (Attach copies of certificate)

Maxwell Smith Certificate Expires: 3/4/2029

Corey Brooks Certificate Expires: 1/17/2027

Alexis Dunn
Printed Name of Applicant


Signature of Applicant

THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS

Pursuant to Massachusetts General Law, Chapter 62C, Section 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 taxes required under law.


92-1721912
Social Security Number or Federal Identification Number


Signature of Individual or Corporate Name

Corporate Officer (if applicable)

(FOR BOARD OF HEALTH USE ONLY)

License #: _____ Approved on: _____ 20____

Fee: \$ 400 CK #: 25674 Rec'd by: 

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

MAXWELL SMITH

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the ANSI (American National Standards Institute) National Accreditation Board (ANAB)–Conference for Food Protection (CFP).

25279534

CERTIFICATE NUMBER

3/4/2024

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

A handwritten signature in blue ink that reads "Sherman Brown".

Sherman Brown
Executive Vice President, Business Services

10817

EXAM FORM NUMBER

3/4/2029

DATE OF EXPIRATION

RECEIVED

MAR 18 2024

BOARD OF HEALTH



In accordance with Maritime Labour Convention 2006, Resolution ADM N 068-2013 (Regulation 3.2, Standard A3.2), ©1986-2023 National Restaurant Association Educational Foundation (NRAEF). All rights reserved. The ServSafe®, NRAEF, National Restaurant Association and National Restaurant Association Solutions, LLC (Solutions) names and logos are registered trademarks used under license by Solutions and may not be otherwise used without the explicit written permission of the owner of each mark. This document cannot be reproduced or altered.

Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6363 or ServSafe@restaurant.org.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

RECEIVED

MAR 29 2024

BOARD OF HEALTH

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Golf Blues LLC a/b/a Lebanon Hills Country Club

Address: 183 Rhode Island Road

City/State/Zip: Lakeville MA 02347 Phone #: 508-923-5707

Are you an employer? Check the appropriate box:

- 1. I am an employer with 70 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 Golf Course & Country Club

*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: Amtrust

Insurer's Address: 800 Superior Ave E

City/State/Zip: Cleveland, OH 44114

Policy # or Self-ins. Lic. # LOWC316416958 Expiration Date: 5/24/24

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: 3/28/24

Phone #: 508-923-5707

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 #: _____



LEBAHIL-01

NPUMPHEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/22/2024

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).

PRODUCER World Insurance Associates, LLC 64 E Grove St Middleboro, MA 02346	CONTACT NAME: _____ PHONE (A/C, No, Ext): (508) 947-1818 FAX (A/C, No): _____ E-MAIL ADDRESS: nicolepumphrey@worldinsurance.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Selective Insurance Co of South Carolina</td> <td>19259</td> </tr> <tr> <td>INSURER B:</td> <td>Wesco Insurance Company</td> <td>25011</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Selective Insurance Co of South Carolina	19259	INSURER B:	Wesco Insurance Company	25011	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED LeBaron Hills Country Club Assawompsett Golf Co., LLC 183 Rhode Island Rd. Lakeville, MA 02347																					

COVERAGES

CERTIFICATE NUMBER:

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			S 2516408	7/23/2023	7/23/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$ _____ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
B	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	N/A	WWC3646958	5/24/2023	5/24/2024	<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
A	Liquor Liability			S 2516408	7/23/2023	7/23/2024	See below

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Liquor Liability- \$1,000,000 Each Common Cause / \$2,000,000 Aggregate

CERTIFICATE HOLDER

CANCELLATION

Town of Lakeville Board of Health 346 Bedford St Lakeville, MA 02347	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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BOARD OF HEALTH

ServSafe® CERTIFICATION

COREY BROOKS

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI) Conference for Food Protection (CFP).

21617212

CERTIFICATE NUMBER

1/17/2022

DATE OF EXAMINATION
Local laws apply. Check with your local health agency for recertification requirements.


Sherman
Executive Director, National Restaurant Association Solutions

Sherman
Executive Director, National Restaurant Association Solutions



#0655

In accordance with Minnesota Code, Sections 62A.02, 62A.03, 62A.04, 62A.05, 62A.06, 62A.07, 62A.08, 62A.09, 62A.10, 62A.11, 62A.12, 62A.13, 62A.14, 62A.15, 62A.16, 62A.17, 62A.18, 62A.19, 62A.20, 62A.21, 62A.22, 62A.23, 62A.24, 62A.25, 62A.26, 62A.27, 62A.28, 62A.29, 62A.30, 62A.31, 62A.32, 62A.33, 62A.34, 62A.35, 62A.36, 62A.37, 62A.38, 62A.39, 62A.40, 62A.41, 62A.42, 62A.43, 62A.44, 62A.45, 62A.46, 62A.47, 62A.48, 62A.49, 62A.50, 62A.51, 62A.52, 62A.53, 62A.54, 62A.55, 62A.56, 62A.57, 62A.58, 62A.59, 62A.60, 62A.61, 62A.62, 62A.63, 62A.64, 62A.65, 62A.66, 62A.67, 62A.68, 62A.69, 62A.70, 62A.71, 62A.72, 62A.73, 62A.74, 62A.75, 62A.76, 62A.77, 62A.78, 62A.79, 62A.80, 62A.81, 62A.82, 62A.83, 62A.84, 62A.85, 62A.86, 62A.87, 62A.88, 62A.89, 62A.90, 62A.91, 62A.92, 62A.93, 62A.94, 62A.95, 62A.96, 62A.97, 62A.98, 62A.99, 62A.100.



10776

EXAM FORM NUMBER

1/17/2027

DATE OF EXPIRATION

CERTIFICATE OF ALLERGEN AWARENESS TRAINING

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MAR 18 2024
BOARD OF HEALTH

Name of Recipient: MAXWELL SMITH
Certificate Number: 6905073
Date of Completion: 2/26/2024
Date of Expiration: 2/26/2029



The above-named person is hereby issued this certificate for completing an allergen awareness training program recognized by the Massachusetts Department of Public Health in accordance with 105 CMR 590.009(G)(3)(a).

This certificate will be valid for five (5) years from date of completion.

Issued By:



Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.massrestaurantassoc.org

NATIONAL RESTAURANT ASSOCIATION®
800.765.2122
www.restaurant.org

HEARTSAVER

**Heartsaver®
CPR AED**



American
Heart
Association.

Kristy DiCesare

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Heartsaver CPR AED Program.**

Optional modules completed:

Child CPR AED, Infant CPR

Issue Date

10/17/2023

Renew By

10/2025

Training Center Name

Beth Israel Deaconess Hospital-Plymouth, Inc

Instructor Name

Daniel Hopkins

Training Center ID

MA00733

Instructor ID

04112378169

Training Center City, State

Plymouth, MA

eCard Code

246023032456

**Training Center Phone
Number**

(508) 830-2445

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

© 2023 American Heart Association. All rights reserved. 20-3004 R3/23

Secretary of the Commonwealth of Massachusetts
William Francis Galvin

Business Entity Summary

ID Number: 001629915

[Request certificate](#)

[New search](#)

Summary for: **GOLF BLUES, LLC**

The exact name of the Domestic Limited Liability Company (LLC): GOLF BLUES, LLC		
Entity type: Domestic Limited Liability Company (LLC)		
Identification Number: 001629915		
Date of Organization in Massachusetts: 01-12-2023		
Date of Revival:		
Last date certain: 12-31-2039		
The location or address where the records are maintained (A PO box is not a valid location or address):		
Address: 145 ISLAND STREET		
City or town, State, Zip code, STOUGHTON, MA 02072 USA		
Country:		
The name and address of the Resident Agent:		
Name: ALEXANDER A. WILL		
Address: 145 ISLAND STREET		
City or town, State, Zip code, STOUGHTON, MA 02072 USA		
Country:		
The name and business address of each Manager:		
Title	Individual name	Address
MANAGER	ALEXANDER A WILL	145 ISLAND STREET STOUGHTON, MA 02072 USA
MANAGER	CARY D WILL	145 ISLAND STREET STOUGHTON, MA 02072 USA
MANAGER	ALEXIS DUNN	145 ISLAND STREET STOUGHTON, MA 02072 USA USA USA
In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:		
Title	Individual name	Address
The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:		

Title	Individual name	Address
REAL PROPERTY	CARY D WILL	145 ISLAND STREET STOUGHTON, MA 02072 USA
REAL PROPERTY	ALEXIS DUNN	145 ISLAND STREET STOUGHTON, MA 02072 USA USA
REAL PROPERTY	ALEXANDER A WILL	145 ISLAND STREET STOUGHTON, MA 02072 USA

Consent
 Confidential Data
 Merger Allowed
 Manufacturing

View filings for this business entity:

- ALL FILINGS ▲
- Annual Report ▬
- Annual Report - Professional
- Articles of Entity Conversion
- Certificate of Amendment ▼
- Certificate of Consolidation

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)



(508) 946-3473
(508) 946-8805
(508) 946-3971

Town of Lakeville
Board of Health
346 Bedford St.
Lakeville, MA 02347

FEE: \$10
CK #: 25706

Application for License for the Sale of Milk & Cream

Application is hereby made for a permit for the sale of milk and/or cream in the
Town of Lakeville for the period ending June 1, 2025.

Name of Establishment: Golf Blues, LLC d/b/a. Lebanon Hills Country Club

Address of Establishment: 183 Rhode Island Rd; Lakeville MA 02347

Mailing Address (if different): _____

Contact Name: Wendy Gray

Telephone #: 508-923-5707 E-Mail: accounting@lebanonhills.com

If Applicant is a Corporation:

State of Incorporation MA

Full Name & Address of:

President: _____

Treasurer: _____

Clerk: _____

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MAR 29 2024

BOARD OF HEALTH

Source of Supply of Dairy Products

Name SYSCO

Address 99 Spring Street Plympton MA 02367

Performance Food Service

225 John Hancock Rd, Taunton MA 02780

The Board of Health shall be notified of any change in the source of supply listed above.

Agreement: The undersigned hereby agrees to comply with the Rules and Regulations Establishing Grades of Milk, Regulating and Establishing Standards in accordance with provisions of the General Laws.

THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS

Pursuant to Massachusetts General Law, Chapter 62C, Section 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 taxes required under law.

This license will not be issued unless this certification clause is signed by the applicant.

92-1721912
Federal Identification Number or
Social Security Number


Signature of Corporate Name or Individual

Corporate Officer (if applicable)

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 Massachusetts G.L. c. 62C s. 49A.

For BOH use:

Approval Date: _____

License #: _____

RABIES CLINIC



WHEN: Saturday, April 6, 2024

TIME: Dogs 1:30 PM - 3:00 PM
Cats 3:00 PM - 3:30 PM

FEE: \$10 per dog/cat

LOCATION: Highway Barn
6 Montgomery Street
Lakeville, MA
{Off Precinct Street - Indoors}



SPONSORED BY:

**Town of Lakeville
Board of Health
&**

Lakeville Animal Hospital

DOG LICENSING ADDITIONAL

Requirements to obtain a license

1. Current Rabies Certificate
2. Spayed/Neutered Certificate

PLEASE NOTE:

- ✓ **DOGS AND CATS MUST BE AT LEAST 3 MONTHS OLD**
- ✓ **FOR SAFETY REASONS, DOGS MUST BE ON LEASHES**
- ✓ **CATS MUST BE CONFINED IN A SAFETY CARRIER**
- ✓ **THE ANIMAL SHELTER WILL ALSO BE OPEN FOR ADOPTION OF ANIMALS**