



Town of Hamilton
Select Board
Monday, December 2, 2024

- Caroline Beaulieu, Chair
- Bill Wilson
- Tom Myers
- Rosemary Kennedy
- Bill Olson

7:00 PM
Hamilton Wenham Public Library Meeting Room
14 Union St., Hamilton, MA

AMENDED AGENDA

This is an IN PERSON meeting. As courtesy for the public, zoom access will also be provided via the below link. However, the meeting will not be terminated in the event that technological issues disrupt the zoom broadcast.

Join Zoom Meeting

<https://us02web.zoom.us/j/86775320542?pwd=oWAF7l3RW2GrYFE3LkIzRlBzIca7vH.1>

Meeting ID: 867 7532 0542

Passcode: 765081

One tap mobile

+13092053325,,86775320542#,,,,*765081# US
+13126266799,,86775320542#,,,,*765081# US (Chicago)

Dial by your location

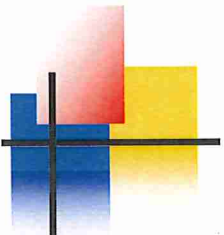
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)

7:00 p.m.	Call to Order
ANNOUNCEMENTS & BOARD OPENINGS	
	<p>Board and Committee openings:</p> <ul style="list-style-type: none"> • Conservation Commission – 3 openings • Council on Aging - 2 associate openings • Cultural Council – 1 opening • Finance and Advisory Committee - 1 associate opening • Hamilton Development Corporation – 1 opening for a 3 year term • Historic District Commission - 2 openings for 3 year terms, 2 openings for 2 year terms (one must be a resident of the Historic District and one must be a resident Realtor) • Human Rights Commission – 1 at-large opening
	Select Board and Town Manager Reports

Items may be heard out of the listed order. The agenda items listed are those items which were reasonably anticipated by the Chair to be discussed at the meeting. Not all items listed on the agenda may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

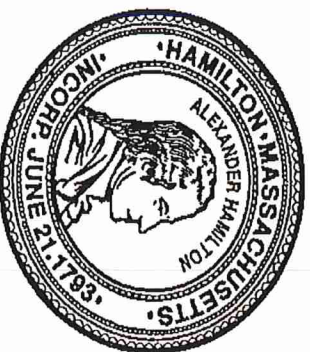
	<ul style="list-style-type: none"> • Department Report – Council on Aging, Health and Human Services Director Theresa Woodbury
	<ul style="list-style-type: none"> • Public Comment – Three (3) minutes per person on items not already on the agenda
AGENDA	
7:15 p.m.	<ol style="list-style-type: none"> 1. Tax Classification and Tax Rate Setting with Board of Assessors Chair Steve Ozahowski - Discuss and Vote 2. Appoint Nancy Baker to vacant position on the Conservation Commission - Discuss and Vote 3. Appoint Sandra McKean as Associate member of the Finance and Advisory Committee - Discuss and Vote 4. Request for non-resident to purchase cemetery plot - Discuss and Vote 5. Approve Myopia Hunt Club liquor license and change of manager submissions - Discuss and Vote 6. Discuss timing of 3A related zoning and Form Based Code zoning with consultant firm Utile and members of the Hamilton Planning Board - Discussion 7. Five Boards meeting budget recap - Discussion 8. New Business

Cemetery Deed: #1276



TOWN OF HAMILTON

TAX CLASSIFICATION



FISCAL YEAR 2025



The purpose of the annual Public Hearing on Tax Classification is to record the Select board's vote on 4 classification options of real property each having the potential to impact Hamilton's FY2025 tax rate. The 4 classification options are summarized as follows:

The determination of a discount factor of up to 25% for all land classified as Open Space.

The Board of Assessors has determined that there exist no vacant land parcels in Hamilton that meet the statutory definition of open space (chapter land is specifically excluded from open space qualification). Consequently, the adoption of an open space discount by the Selectmen would fail to provide any taxpayer benefit. For this reason the Board of Assessors recommends that the Board of Selectmen vote no on the adoption of an Open Space Discount.



Residential Exemption

The determination of a Residential Exemption of up to 35% of the mean residential valuation.

Adoption of this exemption is typically found in communities with a high percentage of second home properties (ex. Nantucket) or communities with a high percentage of investor owned residential properties (ex. Cambridge). The exemption is designed to provide a measure of tax relief to owner occupants of residential property by shifting the tax burden to non-domiciled residential property owners. However, the overwhelming majority of Hamilton residential property owners consider their homes to be their principal residence. For this reason the Board of Assessors recommends that the Board of Selectmen vote no on the adoption of a Residential Exemption.



Small Commercial Exemption

The determination of a Small Commercial Exemption of up to 10% of the valuation of eligible parcels.

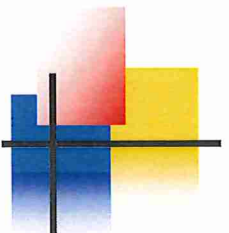
This exemption is designed to provide a measure of property tax relief to owners of small business properties by shifting the tax burden to owners of larger commercial/industrial properties. The town of Hamilton simply lacks the diversity of commercial/industrial properties necessary for the effective implementation of this exemption. Consequently, the Board of Assessors recommends that the Board of Selectmen vote no on the adoption of a Small Commercial Exemption.



Residential Factor

The adoption of a Residential Factor for the purpose of determining the percentage tax burden to be borne by each class of property.

Adoption of a Residential Factor by the Selectmen is required for the purpose of determining the percentage of the tax burden to be borne by each class of property. Adoption of a factor of "1.00" results in a single or uniform tax rate for all classes of property while adoption of any other factor will result in both a lower residential rate and higher commercial rate than would be realized under the uniform tax rate approach. Dual tax rate structures are typically found in municipalities with significant percentages of commercial, industrial, and personal property (CIP) valuation (ex. Beverly). However, only 4 percent of the total taxable valuation of Hamilton is comprised of CIP valuation. For this reason the Board of Assessors recommends that the Board of Selectmen maintain a single tax rate by voting for a Residential Factor of 1.00.



FY 2025 TAX RATE SUMMARY

TOWN OF HAMILTON - FISCAL YEAR 2025 TAX RATE SUMMARY

FY2025 VALUATION	CLASS	VALUE	% SPLIT
	RESIDENTIAL	2,198,926,387	96%
	COMMERCIAL	67,705,328	3%
	INDUSTRIAL	1,271,600	0%
	PERSONAL	<u>24,823,410</u>	<u>1%</u>
	TOTALS	2,292,726,725	100%
	FY2024 Total Value	2,244,462,533	
	% Change	2.15%	
	Average Single Family Valuation - 2025	816,084	
	Average Single Family Valuation - 2024	797,860	
	% Change	2.3%	
	Median Single Family Valuation - 2025	731,400	
	Median Single Family Valuation - 2024	720,000	
	% Change	1.6%	
FY2025 TAX LEVY	FY2025 Tax Levy		34,123,847
	FY2024 Tax Levy		33,138,688
FY2025 TAX RATE	Tax Rate New		\$15.65
	Tax Rate - 2024 (old rate)		\$15.11
			3.6%
	\$ Change in Average Single Family Tax Bill		\$716
	FY2024 Average Single Family Tax Bill		\$12,056
	FY2025 Average Single Family Tax Bill		\$12,772

TOWN OF HAMILTON
APPLICATION FOR BOARD/COMMITTEE MEMBERSHIP

NOV 19 RECD

Board/Committee of Interest:

1. Conservation Commission 2. _____
3. _____ 4. _____

Would you consider another Committee: yes no

For how long should we keep your application on file? 3 months

Full Name: Nancy F. Baker

Nickname: Nancy Title (please circle) Mr./Ms./Mrs./Other: _____

Home Address: 76 Goodhue Street

Length of Residence in Hamilton: 23 years

Occupation: Retired

Phone: Home 978-468-3456 Cell 978-810-1194 Work N/A

E-mail: Home nbabak@aol.com Work N/A

If you currently serve on a Board or Committee, please identify:

N/A

Special Training, Interests, Qualifications: 30+ years career as an environmental analyst for the Commonwealth of MA

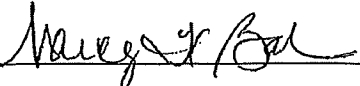
Have you been asked by a Committee to become a member?

No

How did you hear about the Committee?

Served on the Con Com previously

Please attach a current resume, if possible. Add any comments below or on a separate page. - N/A

Signature:  Date: 11/17/24

Received by Signature:  Date: 11/19/24

Good Morning Joe,

Virginia Cookson, the senior-most member of the Conservation Commission who is acting as Interim Chair, asked that I transmit the following message to you:

At its meeting on November 25, 2024, the Conservation Commission held a brief discussion with Nancy Baker, an applicant for a member position on the Commission. As you are aware, there are currently three vacancies on the Conservation Commission. Ms. Baker previously served on the Commission and has an extensive professional background working as an environmental analyst for the Massachusetts Department of Environmental Protection in addition to other contributions in public service and environmentalism (see synopsis of the applicant's professional background provided below).

All Commissioners in attendance agreed that Ms. Baker would make a very positive addition to the Conservation Commission and recommended her appointment to the Commission by the Select Board. Please do not hesitate to reach out should you have any questions.

Hi Mark,

Thank you for considering my application for a position on the conservation commission. I am planning to attend the concom meeting on Monday and will look forward to introducing myself to the commissioners.

Unfortunately, I do not have a CV but would be happy to answer any questions you and others may have about my credentials. Here's a very abbreviated synopsis of my work: I was employed as an environmental analyst for the Commonwealth from 1984 through 2016 prior to retiring. For 11 years, I worked as a MEPA analyst and then joined DEP in the drinking water program. After completing the rewriting and editing of the technical section of the Stormwater Management Handbook, I lead a multi-state collaborative in the development of a protocol for evaluation of innovative stormwater technologies. Subsequently, I rewrote/edited the Ipswich River Watershed Report in NERO and then

worked as the MEPA Coordinator in NERO. Prior to that I worked at MIT after graduate school and for Congressman Mavroules on several significant environmental projects including the replacement of the Beverly/Salem Bridge, the National Park Service in Plum Island, NEPCO air quality, and the SRS proposal for a waste treatment facility siting in Haverhill.

As I mentioned in my application, I served on the concom for one term, when I edited the Open Space Plan which was in draft form. I also served on the Open Space Committee that worked with the Essex County Greenbelt in the acquisition of Sagamore Hill Donovan property. The committee successfully secured CPA funding for the property's acquisition at TM.

I look forward to meeting you soon.

Best regards,

Nancy Baker

Thank you,

Mark

Mark Connors

Planning & Development Director

Town of Hamilton

mconnors@hamiltonma.gov

(978) 626-5247

November 18, 2024

Town Manager
Town Offices at Patton Homestead
650 Asbury Street
Hamilton, MA 01936

Dear Town Manager:

Please consider this letter my letter of interest in the associate opening on the Hamilton Finance and Advisory Committee.

I have resided in Hamilton for over 25 years but have never actively participated in town affairs. However, since my retirement a couple of years ago, I have spent much more time in and around town walking my dog, attending HW Library reading groups and exploring other activities. It recently occurred to me that the finance associate opening presented a natural alignment between my education and job experience, my interest in community workings and the opportunity for me to be of service.

Since first expressing an interest in joining the committee, I have had several interesting and informative conversations with current Hamilton Finance members. At this time, I wish to reiterate my interest in the finance position and thank you for your consideration.

Sandra McKean

October 24, 2024

Town of Hamilton
Select Board Office
P.O. Box 429
Hamilton, MA 01936

Dear Board Members:

My name is Jeanne Commette and my husband and I would like to purchase a 4 grave burial lot in Hamilton Cemetery. My maiden name was Jeanne Clow and I was raised in Hamilton, attended grades 1 through 12 there, and was married at St Paul's Church. When my husband was in the Army and stationed in Vietnam, my oldest son and I returned to Hamilton to live with my parents on School Street. My parents lived in Hamilton for over 40 years between School Street, Elm Street, and Sagamore Road. For 11 years, my husband and I and our youngest son lived on Ortins Road in Hamilton. I am a long-time active member of the American Legion A. P. Gardner Post 194 Auxiliary in Hamilton.

When my grandparents passed they were buried in Hamilton Cemetery. When my parents passed they were buried in a different lot in Hamilton Cemetery. We have been visiting and maintaining the Clow graves in Hamilton for over 50 years. A plot in the Hamilton Cemetery would meet our future needs since we have two sons, and a daughter-in-law, and I have a married brother (Clow) with a wife and daughter who may also be considering Hamilton as a final resting place for the Clow/Commette family.

While speaking to a Cemetery representative, I was advised that since I currently live in Beverly, I cannot buy a plot in Hamilton without Select Board approval. Please consider my request since I have deep roots in Hamilton and only moved from there when there was a need to downsize our home when our children were grown and on their own.

Sincerely,



Jeanne M. Commette
33 E. Corning Street
Beverly, MA 01915
978-969-2195

We need a select board approval for a change of officer (board) on Myopia's alcohol license AND a change of Manager (re-approval).

I now have the updated officers application, and we'll need to re-approve both the change of manager application (Again) and the change of officer application.

Please add this to the agenda for the Dec 2nd SB meeting.

Thank you,

-Cyndi Farrell

Assistant to the Town Manager/ Grants and Communications

Town Offices at Patton Homestead - Asbury Street, Hamilton, MA

Mailing address – P. O. Box 429, Hamilton, MA, 01936

978-626-5202 | cfarrell@hamiltonma.gov

Change of Manager

- Manager Application
- CORI Authorization
- Vote of the Entity
- Proof of Citizenship (Manager must be U.S. citizen)
- Payment Receipt



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

AMENDMENT-Change of Manager

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

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) 00003-CL-0486

ENTITY/ LICENSEE NAME Myopia Hunt Club

ADDRESS 435 Bay Road, North

CITY/TOWN South Hamilton STATE MA ZIP CODE 01982

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3
 Chelsea, MA 02150-2358



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

AMENDMENT-Change of Manager **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Myopia Hunt Club	Hamilton, MA	00003-CL-0486

2. APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Sean Green	Club Manager	[redacted]@myopiadc.org	[redacted]

3A. MANAGER INFORMATION

The individual that has been appointed to manage and control of the licensed business and premises.

Proposed Manager Name	Date of Birth	SSN
Sean Green	[redacted]	[redacted]
Residential Address	[redacted]	
Email	Phone	
[redacted]@myopiadc.org	[redacted]	
Please indicate how many hours per week you intend to be on the licensed premises	Last-Approved License Manager	
50+	Steven Kohr	

3B. CITIZENSHIP/BACKGROUND INFORMATION

Yes No *Manager must be U.S. citizen

Are you a U.S. Citizen?*

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.
 Have you ever been convicted of a state, federal, or military crime? Yes No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

3C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

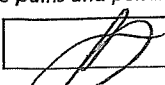
Start Date	End Date	Position	Employer	Supervisor Name
03/01/21	03/01/24	Assistant Club Manager	Myopia Hunt Club	NICHOLAS CUTLER
03/01/24	Current	Club Manager	Myopia Hunt Club	NICHOLAS CUTLER

3D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature  Date 10/16/2024

APPLICANT'S STATEMENT

I, NICHOLAS B. CUTLER the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of Myopia Hunt Club
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further 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:

Nicholas B. Cutler

Date:

10/15/24

Title:

CLUB PRESIDENT



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: 00003-CL-0486 (IF EXISTING LICENSEE) LICENSEE NAME: MYTOPIA HUNT CLUB CITY/TOWN: HAMILTON

APPLICANT INFORMATION

LAST NAME: Green FIRST NAME: Sean MIDDLE NAME: [REDACTED]

MAIDEN NAME OR ALIAS (IF APPLICABLE): [REDACTED] PLACE OF BIRTH: [REDACTED]

DATE OF BIRTH: [REDACTED] SSN: [REDACTED] ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]

MOTHER'S MAIDEN NAME: [REDACTED] DRIVER'S LICENSE #: [REDACTED] STATE LIC. ISSUED: MA

GENDER: Male HEIGHT: [REDACTED] WEIGHT: [REDACTED] EYE COLOR: [REDACTED]

CURRENT ADDRESS: [REDACTED] APT [REDACTED]

CITY/TOWN: [REDACTED] STATE: MA ZIP: [REDACTED]

FORMER ADDRESS: [REDACTED]

CITY/TOWN: [REDACTED] STATE: MA ZIP: [REDACTED]

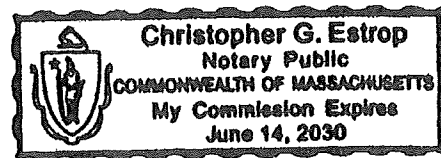
PRINT AND SIGN

PRINTED NAME: Sean Green APPLICANT/EMPLOYEE SIGNATURE: [Signature]

NOTARY INFORMATION

On this October 18, 2024 before me, the undersigned notary public, personally appeared Sean Green
(name of document signer), proved to me through satisfactory evidence of identification, which were MA DRIVER'S LICENSE
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Christopher G. Estrop
NOTARY



DIVISION USE ONLY

REQUESTED BY: [REDACTED]
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE: [REDACTED]

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.

ENTITY VOTE

The Board of Directors or LLC Managers of

MYOPIA HUNT CLUB
Entity Name

duly voted to apply to the Licensing Authority of

Hamilton, MA
City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

10/16/24
Date of Meeting

For the following transactions (Check all that apply):

Change of Manager

Other *

"VOTED: To authorize

Sean Green
Name of Person

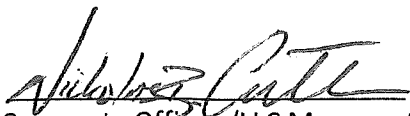
to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint

Sean Green
Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,



Corporate Officer / LLC Manager Signature

Nicholas B. Cutler
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)




CERTIFICATE OF COMPLETION

This certifies that


Sean Green

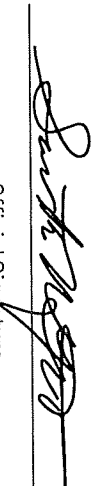
is awarded this certificate for

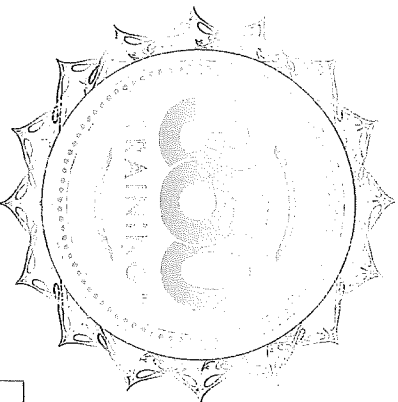
Learn2Serve On-Premises Alcohol Seller/Server

 Course Duration
3.0

 Completion Date
11/08/2024

 Certificate #
000035203505


Official Signature



Chris Estrop

From: customerservice@nCourt.com
Sent: Monday, October 21, 2024 4:38 PM
To: Chris Estrop
Subject: Receipt from nCourt

You don't often get email from customerservice@ncourt.com. [Learn why this is important](#)

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

Paid To	
Name:	Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1:	95 Fourth Street, Suite 3
City:	Chelsea
State:	Massachusetts
Zip:	02150

Payment On Behalf Of					
First Name:	Sean	Last Name:	Green		
Address 1:	435 Bay Road	State/Territory:	MA	Zip:	01982
City:	South Hamilton	Phone:	(978) 436-1133		

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Myopia Hunt Club	\$200.00

Receipt Date: 10/21/2024 4:37:55 PM EDT
Invoice Number: a7077db6-15c2-4b5c-95c2-d1be5b703871

Convenience Fee: \$5.18
Total Amount Paid: \$205.18

Billing Information	Credit / Debit Card Information
First Name Christopher	Card Type American Express
Last Name Estrop	Card Number [REDACTED]
Address 1 435 Bay Road	
City South Hamilton	
State/Territory MA	
Zip 01982	
Phone Number (978) 436-1133	
Email [REDACTED]@myopiahc.org	



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

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

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

For the following transactions (Check all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input checked="" type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other <input type="text"/> | | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3
 Chelsea, MA 02150-2358



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

APPLICATION FOR AMENDMENT

-Change of Officers, Stock or Ownership Interest

Change of Officers/ Directors/LLC Managers **Change of Stock Interest**

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

(e.g. New Stockholders or Transfer or Issuance of Stock)

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Change of Ownership Interest

(e.g. LLC Members, LLP Partners, Trustees etc.)

- Payment Receipt
- Monetary Transmittal
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Non-Profit Club Change of Officers/ Directors

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the club signed by an approved officer
- Business Structure Documents - **Articles of Organization** from the Secretary of the Commonwealth

Management Agreement

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Vote of Entity
- Management Agreement

**If abutter notification and advertisement are required for transaction, please see the local licensing authority.*

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Myopia Hunt Club	Hamilton	0003-CL-0486

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Application for Amendment - Change of Officers

APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Christopher Estrop	CFO	[redacted]@myopiahc.org	[redacted]

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Nicholas B. Cutler	[REDACTED] Wenham MA 01984	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
President	N/A	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Jeffrey G. Barlow	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Treasurer	N/A	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Marjorie G. Cregg	[REDACTED] filed MA 01983	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Clerk	N/A	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Christopher G. Estrop	[REDACTED] MA 01545	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
CFO	N/A	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY
 Has any individual listed in question 2, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. Yes No

MANAGEMENT AGREEMENT
 Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement. Yes No

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

3. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Theodore E. Ober	President	N/A
Name of Principal	Title/Position	Percentage of Ownership
Nicholas B. Cutler	Treasurer	N/A
Name of Principal	Title/Position	Percentage of Ownership
George L. Needham, Jr.	Clerk	N/A
Name of Principal	Title/Position	Percentage of Ownership
Christopher Estrop	CFO	N/A
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership

4. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 2, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

5. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 2, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 4 or 5 ever been suspended, revoked or cancelled? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. FINANCIAL DISCLOSURE

Associated Cost(s): (E.g. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

Associated Cost(s):

Not Applicable

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Not Applicable	
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
Not applicable			<input type="radio"/> Yes <input type="radio"/> No
Not Applicable			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

Not Applicable

APPLICANT'S STATEMENT

I, Theodore E. Ober the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory
of Myopia Hunt Club
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further 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:

Theodore E. Ober

Date:

11/18/2024

Title:

Former Club President

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

Myopia Hunt Club members votes in a new Executive Committee every 5 years at the at their Annual Meeting in October. This application is to record the new Executive Committee Officers that were voted in on October 2023.

ENTITY VOTE

The Board of Directors or LLC Managers of Entity Name

duly voted to apply to the Licensing Authority of and the City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on Date of Meeting

For the following transactions (Check all that apply):

- Change of Officers/Directors/LLC Manager
- Change of Ownership Interest (LLC Members, LLP Partners, Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Management/Operating Agreement
- Other

"VOTED: To authorize Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

A true copy attest,

Theodore E. Ober
Corporate Officer /LLC Manager Signature

THEODORE E. OBER
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)

2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST(Continued...)

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

Myopia Hunt Club

N/A

Name of Principal	Residential Address	SSN	DOB
Nicholas B. Cutler	[REDACTED] MA 01084	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
President	N/A	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Jeffrey G. Barlow	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Treasurer	N/A	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Marjorie G. Cregg	[REDACTED] 3	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Clerk	N/A	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Christopher G. Estrop	[REDACTED] 15	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
CFO	N/A	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

Yes No



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

JEAN M. LORIZIO, ESQ.
CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	00003-CL-0486	LICENSEE NAME:	Myopia Hunt Club	CITY/TOWN:	Hamilton
---	---------------	----------------	------------------	------------	----------

APPLICANT INFORMATION

LAST NAME:	Cutler	FIRST NAME:	Nicholas	MIDDLE NAME:	Bayard			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	Boston, Massachusetts					
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	[REDACTED]	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	10	WEIGHT:	[REDACTED]	EYE COLOR:	Blue
CURRENT ADDRESS:	[REDACTED]							
CITY/TOWN:	Wenham	STATE:	MA	ZIP:	01984			
FORMER ADDRESS:	[REDACTED]							
CITY/TOWN:	Hamilton	STATE:	MA	ZIP:	01982			

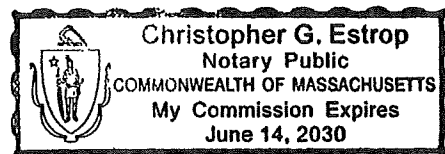
PRINT AND SIGN

PRINTED NAME:	Nicholas B. Cutler	APPLICANT/EMPLOYEE SIGNATURE:	<i>Nicholas B. Cutler</i>
---------------	--------------------	-------------------------------	---------------------------

NOTARY INFORMATION

On this November, 14th 2024 before me, the undersigned notary public, personally appeared Nicholas B. Cutler
(name of document signer), proved to me through satisfactory evidence of identification, which were MA Drivers License
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Christopher G. Estrop
NOTARY



DIVISION USE ONLY

REQUESTED BY:	[REDACTED]
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

JEAN M. LORIZIO, ESQ.
CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: 00003-4-0486 (IF EXISTING LICENSEE) LICENSEE NAME: Myopia Hunt Club CITY/TOWN: Hamilton

APPLICANT INFORMATION

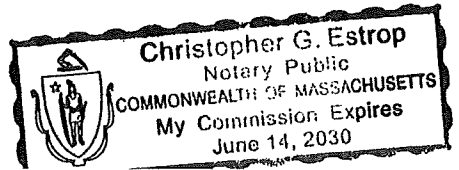
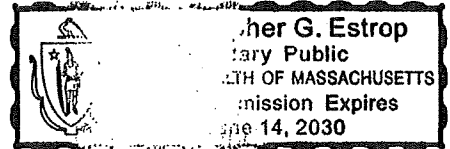
LAST NAME: Barlow FIRST NAME: Jeffrey MIDDLE NAME: Griffin
 MAIDEN NAME OR ALIAS (IF APPLICABLE): _____ PLACE OF BIRTH: Ft. Leonard Wood, MO
 DATE OF BIRTH: [REDACTED] SSN: [REDACTED] ID THEFT INDEX PIN (IF APPLICABLE): _____
 MOTHER'S MAIDEN NAME: [REDACTED] DRIVER'S LICENSE #: [REDACTED] STATE LIC. ISSUED: [REDACTED]
 GENDER: MALE HEIGHT: 6 _____ WEIGHT: [REDACTED] EYE COLOR: [REDACTED]
 CURRENT ADDRESS: [REDACTED]
 CITY/TOWN: [REDACTED] STATE: FL ZIP: [REDACTED]
 FORMER ADDRESS: [REDACTED]
 CITY/TOWN: [REDACTED] STATE: MA ZIP: [REDACTED]

PRINT AND SIGN

PRINTED NAME: Jeffrey G. Barlow APPLICANT/EMPLOYEE SIGNATURE: [Signature]

NOTARY INFORMATION

On this November 14, 2024 before me, the undersigned notary public, personally appeared Jeffrey G. Barlow
 (name of document signer), proved to me through satisfactory evidence of identification, which were Driver's License
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.
[Signature]
 NOTARY



DIVISION USE ONLY

REQUESTED BY: _____
 SIGNATURE OF CORI-AUTHORIZED EMPLOYEE
 The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-4614.



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	00003-CL-0486	LICENSEE NAME:	Myopia Hunt Club	CITY/TOWN:	Hamilton
---	---------------	----------------	------------------	------------	----------

APPLICANT INFORMATION

LAST NAME:	Cregg	FIRST NAME:	Marjorie	MIDDLE NAME:	Gilmore
MAIDEN NAME OR ALIAS (IF APPLICABLE):	Gilmore	PLACE OF BIRTH:	Schnectady, New York		
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	[REDACTED]
MOTHER'S MAIDEN NAME:	[REDACTED]	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	Massachusetts
GENDER:	FEMALE	HEIGHT:	[REDACTED]	WEIGHT:	[REDACTED]
EYE COLOR:	Blue				
CURRENT ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]	STATE:	Ma	ZIP:	[REDACTED]
FORMER ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]	STATE:	Ma.	ZIP:	[REDACTED]

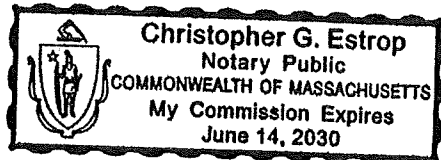
PRINT AND SIGN

PRINTED NAME:	Marjorie Cregg	APPLICANT/EMPLOYEE SIGNATURE:	[Handwritten Signature]
---------------	----------------	-------------------------------	-------------------------

NOTARY INFORMATION

On this **NOVEMBER 14, 2024** before me, the undersigned notary public, personally appeared **MARJORIE CREGG** (name of document signer), proved to me through satisfactory evidence of identification, which were **MA DRIVERS** to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

CHRISTOPHER G. ESTROP
 NOTARY



DIVISION USE ONLY

REQUESTED BY:	[REDACTED]
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	00003-CL-0486	LICENSEE NAME:	Myopia Hunt Club	CITY/TOWN:	Hamilton
---	---------------	----------------	------------------	------------	----------

APPLICANT INFORMATION

LAST NAME:	Estrop	FIRST NAME:	Christopher	MIDDLE NAME:	George			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	Kota Kinabalu, Malaysia					
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	[REDACTED]			
MOTHER'S MAIDEN NAME:	[REDACTED]	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	8	WEIGHT:	[REDACTED]	EYE COLOR:	[REDACTED]
CURRENT ADDRESS:	[REDACTED]							
CITY/TOWN:	[REDACTED]	STATE:	MA	ZIP:	01545			
FORMER ADDRESS:	[REDACTED]							
CITY/TOWN:	[REDACTED]	STATE:	MA	ZIP:	01545			

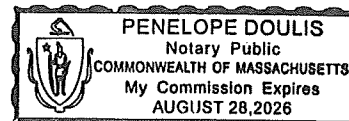
PRINT AND SIGN

PRINTED NAME:	Christopher G. Estrop	APPLICANT/EMPLOYEE SIGNATURE:	[Signature]
---------------	-----------------------	-------------------------------	-------------

NOTARY INFORMATION

On this November 14, 2024 before me, the undersigned notary public, personally appeared Christopher G. Estrop
(name of document signer), proved to me through satisfactory evidence of identification, which were Drivers License
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

[Signature]
NOTARY



DIVISION USE ONLY

REQUESTED BY:	[REDACTED]
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



Certificate of Compliance

Date: November 15, 2024

Letter ID: L0003712151

Employer ID (FEIN): XX-XXX8210

MYOPIA HUNT CLUB
435 BAY RD
SOUTH HAMILTON MA 01982-1922

Certificate ID: L0003712151

FEIN: 04-1648210

The Department of Unemployment Assistance certifies that as of 14-Nov-2024, MYOPIA HUNT CLUB is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires on 14-Dec-2024 .

Sincerely,

Katie Dishnica, Director
Department of Unemployment Assistance

Questions?
Revenue Enforcement Unit
Department of Unemployment Assistance
Email us: Revenue.Enforcement@detma.org
Call us: (617) 626-5750

No. 4178

Commonwealth of Massachusetts.

Be it known That whereas *Frank Seabury, Horace D. Chapin, Frederic Warren Junior, Marshall W. Abbott, Francis Peabody Junior, George W. L. Meyer, and S. Dacre Bush*

have associated themselves with the intention of forming a corporation under the name of *The Myopia Hunt Club,*

for the purpose of encouraging and furnishing for the members and for the community at large, the means of drag-hunting and other outdoor sports, games and athletic exercises,

and have complied with the provisions of the Statutes of this Commonwealth in such case made and provided, as appears from the certificate of the *Master, Treasurer, Secretary and Executive Committee* of said corporation, duly approved by the Commissioner of Corporations, and recorded in this office:

Now, Therefore, I, WILLIAM M. OLIN, Secretary of the Commonwealth of Massachusetts, DO HEREBY CERTIFY that said *Frank Seabury, Horace D. Chapin, Frederic Warren Junior, Marshall W. Abbott, Francis Peabody Junior, George W. L. Meyer and S. Dacre Bush,*

their associates and successors, are legally organized and established as and are hereby made an existing corporation under the name of *The Myopia Hunt Club,*

with the powers, rights, and privileges, and subject to the limitations, duties, and restrictions which by law appertain thereto.

Witness my official signature herunto subscribed, and the seal of the Commonwealth of Massachusetts herunto affixed this *fifth* day of *January* in the year of our Lord one thousand eight hundred and *ninety-two*.

Wm M. Olin
Secretary of the Commonwealth.



NOTICE OF FIRST MEETING.

Myopia Hunt Club Collection.
Contracts, programs, certificates
numbers etc. deposited here to date.

Chris Estrop

From: customerservice@nCourt.com
Sent: Friday, November 15, 2024 8:53 AM
To: Chris Estrop
Subject: Receipt from nCourt

You don't often get email from customerservice@ncourt.com. [Learn why this is important](#)

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

Paid To

Name: Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1: 95 Fourth Street, Suite 3
City: Chelsea
State: Massachusetts
Zip: 02150

Payment On Behalf Of

First Name: Christopher Last Name: Estrop
Address 1: [REDACTED]
City: South Hamilton State/Territory: MA Zip: 01982
Phone: (508) 342-1214

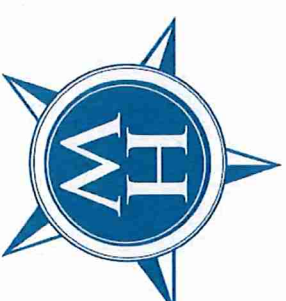
Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Myopia Hunt Club	\$200.00

Receipt Date: 11/15/2024 8:52:59 AM EST
Invoice Number: 1ae7120e-062e-4911-8952-66f10b48c782

Convenience Fee: \$5.18
Total Amount Paid: \$205.18

Billing Information	Credit / Debit Card Information
First Name Christopher Last Name Estrop Address 1 435 Bay Road City South Hamilton State/Territory MA Zip 01982 Phone Number [REDACTED] Email [REDACTED]	Card Type American Express Card Number *****6007

**Hamilton-Wenham
Regional School
District**



**Superintendent's Preliminary
FY26 Budget Recommendation**
Wednesday, November 20, 2024
First Quintuple-Board Meeting



What do we look at when building our budget?

- Collective Bargaining Agreements
- COLA Adjustment
- STEP Increases
- Column or Lane Changes
- Retirements
- Staff Turnover
- Health Insurance enrollment changes and premium rate increases
- Transportation Contracts
- Out-of-District Tuitions Projections
- Requests by building principals and department heads
- Condition of the buildings and grounds
- District's Enrollment Shift
- General State of the Communities





FY26 Budget Difficulties

1. Enrollment Shift

Hamilton's student population stayed flat while Wenham's increased by 13

This caused a **\$137,850** shift towards Wenham and away from Hamilton

2. Collective Bargaining Agreements

FY25 Budget = 3-4% while FY25 Actuals are 3-19% with an average of over 8%

This is adding **\$1.1M** to the FY26 Budget

FY26 Contractual changes amount to another **\$1.3M**

Combined **\$2.4M** or a 5.3% increase over FY25 Budget which accounts for 70% of overall FY26 increase





Starts with the Enrollment Shift

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
 ENROLLMENT BY GRADE, BY TOWN
 HAMILTON
 October 1, 2024

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
 ENROLLMENT BY GRADE, BY TOWN
 HAMILTON
 October 1, 2023

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
 ENROLLMENT BY GRADE, BY TOWN
 HAMILTON
 CHANGE YR. over YR.

	Buker	Cutler	Winthrop	M/RMS	HWRHS	Special Ed	Total
Prek	-	-	8	-	-	-	8
Kinderga	9	26	44	-	-	-	79
Grade 1	5	43	34	-	-	-	82
Grade 2	12	32	56	-	-	-	100
Grade 3	18	36	38	-	-	-	92
Grade 4	7	30	50	-	-	-	87
Grade 5	8	36	40	-	-	-	84
Grade 6	-	-	-	85	-	-	85
Grade 7	-	-	-	94	-	-	94
Grade 8	-	-	-	78	-	-	78
Grade 9	-	-	-	-	68	-	68
Grade 10	-	-	-	-	74	-	74
Grade 11	-	-	-	-	49	-	49
Grade 12	-	-	-	-	62	-	62
SP	-	-	-	-	-	26	26
TOTAL	59	203	270	257	253	26	1,068

	Buker	Cutler	Winthrop	M/RMS	HWRHS	Special Ed	Total
Prek	-	-	9	-	-	-	9
Kinderga	5	42	34	-	-	-	81
Grade 1	11	31	56	-	-	-	98
Grade 2	22	36	38	-	-	-	96
Grade 3	7	31	48	-	-	-	86
Grade 4	9	33	41	-	-	-	83
Grade 5	15	39	35	-	-	-	89
Grade 6	-	-	-	94	-	-	94
Grade 7	-	-	-	77	-	-	77
Grade 8	-	-	-	79	-	-	79
Grade 9	-	-	-	-	74	-	74
Grade 10	-	-	-	-	50	-	50
Grade 11	-	-	-	-	60	-	60
Grade 12	-	-	-	-	65	-	65
SP	-	-	-	-	-	27	27
TOTAL	69	212	261	250	249	27	1,068

	Buker	Cutler	Winthrop	M/RMS	HWRHS	Special Ed	Total
Prek	-	-	(1)	-	-	-	(1)
Kinderga	4	(16)	10	-	-	-	(2)
Grade 1	(6)	12	(22)	-	-	-	(16)
Grade 2	(10)	(4)	18	-	-	-	4
Grade 3	11	5	(10)	-	-	-	6
Grade 4	(2)	(3)	9	-	-	-	4
Grade 5	(7)	(3)	5	-	-	-	(5)
Grade 6	-	-	-	(9)	-	-	(9)
Grade 7	-	-	-	17	-	-	17
Grade 8	-	-	-	(1)	-	-	(1)
Grade 9	-	-	-	-	(6)	-	(6)
Grade 10	-	-	-	-	24	-	24
Grade 11	-	-	-	-	(11)	-	(11)
Grade 12	-	-	-	-	(3)	-	(3)
SP	-	-	-	-	-	(1)	(1)
TOTAL	(10)	(9)	9	7	4	(1)	-





Enrollment Shift (continued)

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
 ENROLLMENT BY GRADE, BY TOWN
 WENHAM
 October 1, 2024

	Buker	Cutler	Winthrop	M/RMS	HWRHS	Special Ed	Total
Prek	-	-	5	-	-	-	5
Kinderga	29	7	2	-	-	-	38
Grade 1	34	14	6	-	-	-	54
Grade 2	28	6	4	-	-	-	38
Grade 3	46	7	7	-	-	-	60
Grade 4	32	4	8	-	-	-	44
Grade 5	27	4	8	-	-	-	39
Grade 6	-	-	-	50	-	-	50
Grade 7	-	-	-	41	-	-	41
Grade 8	-	-	-	36	-	-	36
Grade 9	-	-	-	-	36	-	36
Grade 10	-	-	-	-	35	-	35
Grade 11	-	-	-	-	40	-	40
Grade 12	-	-	-	-	35	-	35
SP	-	-	-	-	-	13	13
TOTAL	196	42	40	127	146	13	564

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
 ENROLLMENT BY GRADE, BY TOWN
 WENHAM
 October 1, 2023

	Buker	Cutler	Winthrop	M/RMS	HWRHS	Special Ed	Total
Prek	-	-	3	-	-	-	3
Kinderga	31	13	6	-	-	-	50
Grade 1	27	8	4	-	-	-	39
Grade 2	43	7	8	-	-	-	58
Grade 3	32	4	8	-	-	-	44
Grade 4	27	3	9	-	-	-	39
Grade 5	30	8	8	-	-	-	46
Grade 6	-	-	-	41	-	-	41
Grade 7	-	-	-	36	-	-	36
Grade 8	-	-	-	40	-	-	40
Grade 9	-	-	-	-	35	-	35
Grade 10	-	-	-	-	40	-	40
Grade 11	-	-	-	-	33	-	33
Grade 12	-	-	-	-	33	-	33
SP	-	-	-	-	-	14	14
TOTAL	190	43	46	117	141	14	551

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
 ENROLLMENT BY GRADE, BY TOWN
 WENHAM
 CHANGE YR. over YR.

	Buker	Cutler	Winthrop	M/RMS	HWRHS	Special Ed	Total
Prek	-	-	2	-	-	-	2
Kinderga	(2)	(6)	(4)	-	-	-	(12)
Grade 1	7	6	2	-	-	-	15
Grade 2	(15)	(1)	(4)	-	-	-	(20)
Grade 3	14	3	(1)	-	-	-	16
Grade 4	5	1	(1)	-	-	-	5
Grade 5	(3)	(4)	-	-	-	-	(7)
Grade 6	-	-	-	9	-	-	9
Grade 7	-	-	-	5	-	-	5
Grade 8	-	-	-	(4)	-	-	(4)
Grade 9	-	-	-	-	1	-	1
Grade 10	-	-	-	-	(5)	-	(5)
Grade 11	-	-	-	-	7	-	7
Grade 12	-	-	-	-	2	-	2
SP	-	-	-	-	-	(1)	(1)
TOTAL	6	(1)	(6)	10	5	(1)	13





Combined Change in Enrollment – Residents Only

Combined Enrollment
October 1, 2024

Combined Enrollment
October 1, 2023

Combined Enrollment
CHANGE YR. over YR.

	Buker	Cutler	Winthrop	MRMS	HWRHS	Special Ed	Total
Prek	-	-	13	-	-	-	13
Kinderga	38	33	46	-	-	-	117
Grade 1	39	57	40	-	-	-	136
Grade 2	40	38	60	-	-	-	138
Grade 3	64	43	45	-	-	-	152
Grade 4	39	34	58	-	-	-	131
Grade 5	35	40	48	-	-	-	123
Grade 6	-	-	-	135	-	-	135
Grade 7	-	-	-	135	-	-	135
Grade 8	-	-	-	114	-	-	114
Grade 9	-	-	-	104	-	-	104
Grade 10	-	-	-	109	-	-	109
Grade 11	-	-	-	89	-	-	89
Grade 12	-	-	-	97	-	-	97
SP OOD	-	-	-	-	-	39	39

	Buker	Cutler	Winthrop	HWRHS	Special Ed	Total
Prek	-	-	12	-	-	12
Kinderga	36	55	40	-	-	131
Grade 1	38	39	60	-	-	137
Grade 2	65	43	46	-	-	154
Grade 3	39	35	56	-	-	130
Grade 4	36	36	50	-	-	122
Grade 5	45	47	43	-	-	135
Grade 6	-	-	-	-	-	135
Grade 7	-	-	-	-	-	113
Grade 8	-	-	-	-	-	119
Grade 9	-	-	-	109	-	109
Grade 10	-	-	-	90	-	90
Grade 11	-	-	-	93	-	93
Grade 12	-	-	-	98	-	98
SP OOD	-	-	-	-	41	41

	Buker	Cutler	Winthrop	MRMS	HWRHS	Special Ed	Total
Prek	-	-	1	-	-	-	1
Kinderga	2	(22)	6	-	-	-	(14)
Grade 1	1	18	(20)	-	-	-	(1)
Grade 2	(25)	(5)	14	-	-	-	(16)
Grade 3	25	8	(11)	-	-	-	22
Grade 4	3	(2)	8	-	-	-	9
Grade 5	(10)	(7)	5	-	-	-	(12)
Grade 6	-	-	-	22	-	-	22
Grade 7	-	-	-	(5)	-	-	(5)
Grade 8	-	-	-	-	(5)	-	(5)
Grade 9	-	-	-	-	19	-	19
Grade 10	-	-	-	-	(4)	-	(4)
Grade 11	-	-	-	-	(1)	-	(1)
Grade 12	-	-	-	-	-	(2)	(2)
SP OOD	-	-	-	-	-	(2)	(2)

	Buker	Cutler	Winthrop	MRMS	HWRHS	Special Ed	Total
GRAND	255	245	310	384	399	39	1,632
HAMILT	59	203	270	257	253	26	1,068
WENHA	196	42	40	127	146	13	564

	Buker	Cutler	Winthrop	HWRHS	Special Ed	Total
GRAND	259	255	307	390	41	1,619
HAMILT	69	212	261	249	27	1,068
WENHA	190	43	46	141	14	551

	Buker	Cutler	Winthrop	MRMS	HWRHS	Special Ed	Total
GRAND	(4)	(10)	3	17	9	(2)	13
HAMILT	(10)	(9)	9	7	4	(1)	-
WENHA	6	(1)	(6)	10	5	(1)	13





Combined Change in Enrollment – All Students

Combined Enrollment
October 1, 2024

Combined Enrollment
October 1, 2023

Combined Enrollment
CHANGE YR. over YR.

	Baker	Cutter	Winthrop	MMMS	HWRHS	Special Ed	Tuition-in	Sch'n	Total
PreK	-	-	13	-	-	-	-	-	31
Kindergarten	38	33	46	-	-	-	-	-	117
Grade 1	39	57	40	-	-	-	-	-	136
Grade 2	40	38	60	-	-	-	-	-	138
Grade 3	64	43	45	-	-	-	-	1	133
Grade 4	39	34	58	-	-	-	1	-	132
Grade 5	35	40	48	-	-	-	-	-	123
Grade 6	-	-	-	135	-	-	-	-	135
Grade 7	-	-	-	-	-	-	-	1	136
Grade 8	-	-	-	114	-	-	-	6	120
Grade 9	-	-	-	-	104	-	-	13	117
Grade 10	-	-	-	-	109	-	-	7	116
Grade 11	-	-	-	-	89	-	-	18	107
Grade 12	-	-	-	-	97	-	-	11	108
SP OOD	-	-	-	-	-	-	-	-	39
TOTAL	255	245	310	384	399	39	19	57	1,708
HAMILTON	59	203	270	257	253	26	-	-	-
WENHAM	196	42	40	127	146	13	-	-	-

	Baker	Cutter	Winthrop	MMMS	HWRHS	Special Ed	Tuition-in	Sch'n	Total
PreK	-	-	12	-	-	-	23	-	35
Kindergarten	36	55	40	-	-	-	-	-	131
Grade 1	38	39	60	-	-	-	-	-	137
Grade 2	65	43	46	-	-	-	-	-	154
Grade 3	39	35	56	-	-	-	1	-	131
Grade 4	36	36	50	-	-	-	-	-	122
Grade 5	45	47	43	-	-	-	-	-	135
Grade 6	-	-	-	135	-	-	-	-	135
Grade 7	-	-	-	-	-	-	-	3	116
Grade 8	-	-	-	119	-	-	-	8	127
Grade 9	-	-	-	-	109	-	-	8	117
Grade 10	-	-	-	-	90	-	-	14	104
Grade 11	-	-	-	-	93	-	-	11	104
Grade 12	-	-	-	-	98	-	-	19	117
SP OOD	-	-	-	-	-	41	-	-	41
TOTAL	259	255	307	367	390	41	24	63	1,706
HAMILTON	69	212	261	250	249	27	-	-	-
WENHAM	190	43	46	117	141	14	-	-	-

	Baker	Cutter	Winthrop	MMMS	HWRHS	Special Ed	Tuition-in	Sch'n	Total
PreK	-	-	1	-	-	-	-	-	(1)
Kindergarten	2	(22)	6	-	-	-	-	-	(14)
Grade 1	1	18	(20)	-	-	-	-	-	(1)
Grade 2	(25)	(5)	14	-	-	-	-	-	(16)
Grade 3	25	8	(11)	-	-	-	-	(1)	22
Grade 4	3	(2)	8	-	-	-	-	1	10
Grade 5	(10)	(7)	5	-	-	-	-	-	(12)
Grade 6	-	-	-	22	-	-	-	-	20
Grade 7	-	-	-	-	(5)	-	-	(2)	(7)
Grade 8	-	-	-	-	-	(5)	-	5	-
Grade 9	-	-	-	-	-	19	-	(7)	12
Grade 10	-	-	-	-	-	(4)	-	7	3
Grade 11	-	-	-	-	-	(1)	-	(8)	(9)
Grade 12	-	-	-	-	-	(2)	-	-	(2)
SP OOD	-	-	-	-	-	-	-	-	(2)
TOTAL	(4)	(10)	3	17	9	(2)	(5)	(6)	2
HAMILTON	(10)	(9)	9	7	4	(1)	-	-	-
WENHAM	6	(1)	(6)	10	5	(1)	-	-	-





Consequences of Enrollment Shift

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT APPORTIONMENT CALCULATION FOR FY25 BUDGET CHANGE YOY

	Hamilton	Wenham	Total
October 1, 2022	1,063	539	1,602
October 1, 2023	1,068	551	1,619
October 1, 2024	1,068	564	1,632
	3,199	1,654	4,853
New 3 Year AVG:	65.92%	34.08%	
Prior 3 Year AVG:	66.29%	33.71%	
Assessment Shift:	-0.37%	0.37%	
FY25 Operating Assessment (Current)	\$ 23,376,462	\$ 11,887,472	\$ 35,263,935
FY26 Level Funded Operating Assessment	\$ 23,245,986	\$ 12,017,949	\$ 35,263,935
FY24 to FY25 Shift Increase/(Decrease)	\$ (130,477)	\$ 130,477	\$ -
If "Level" Funded	-0.56%	1.10%	0.00%

Last Budget was \$24K





Adjusted Operating Budget for New Apportionment

	Hamilton	Wenham	Total
FY25 <u>Operating & Debt</u> After Offsets & Revenues	\$ 24,697,482	\$ 12,559,242	\$ 37,256,724
+ Step 1 - FY26 Enrollment Shift	\$ (137,850)	\$ 137,850	\$ 0
= Shift Adjusted Apportionment	\$ 24,559,632 -0.56%	\$ 12,697,091 1.10%	\$ 37,256,724 0.00%





Next is Offsets & Revenues

FY26 Summary of Operating & Debt Offsets & Revenues

	FY25 Budget	FY26 Budget	Change YoY \$	Change YoY %
School Choice	\$ 335,000	\$ 305,000	\$ (30,000)	-8.96%
Preschool Tuition	\$ 117,000	\$ 117,000	\$ -	0.00%
Special Education Tuition In	\$ 40,000	\$ -	\$ (40,000)	-100.00%
Facilities Rental	\$ 2,000	\$ 2,000	\$ -	0.00%
Special Ed Grants	\$ 480,095	\$ 480,095	\$ -	0.00%
Title I	\$ 64,190	\$ 33,406	\$ (30,784)	-47.96%
Circuit Breaker Offset	\$ 1,352,357	\$ 1,578,231	\$ 225,874	16.70%
Regional Transportation Revolving Fund	\$ 455,198	\$ 455,198	\$ -	0.00%
Chapter 70-Base Aid	\$ 4,019,168	\$ 4,188,792	\$ 169,624	4.22%
Medicaid Reimbursement	\$ 105,000	\$ 65,458	\$ (39,542)	-37.66%
Interest Income	\$ 33,070	\$ 50,000	\$ 16,931	51.20%
Excess and Deficiency Returned	\$ 773,064	\$ 773,064	\$ -	0.00%
Excess and Deficiency Offset by Expenses	\$ 1,529,244	\$ 1,315,059	\$ (214,185)	-14.01%
Premium on Debt Issuance	\$ 73,905	\$ 40,000	\$ (33,905)	-45.88%
Total	\$9,379,291	\$9,403,303	\$ 24,012	0.26%





Nextis Offsets & Revenues without E&D

FY26 Summary of Operating & Debt Offsets & Revenues

	FY25 Budget	FY26 Budget	Change YoY \$	Change YoY %
School Choice	\$ 335,000	\$ 305,000	\$ (30,000)	-8.96%
Preschool Tuition	\$ 117,000	\$ 117,000	\$ -	0.00%
Special Education Tuition In	\$ 40,000	\$ -	\$ (40,000)	-100.00%
Facilities Rental	\$ 2,000	\$ 2,000	\$ -	0.00%
Special Ed Grants	\$ 480,095	\$ 480,095	\$ -	0.00%
Title I	\$ 64,190	\$ 33,406	\$ (30,784)	-47.96%
Circuit Breaker Offset	\$ 1,352,357	\$ 1,578,231	\$ 225,874	16.70%
Regional Transportation Revolving Fund	\$ 455,198	\$ 455,198	\$ -	0.00%
Chapter 70-Base Aid	\$ 4,019,168	\$ 4,188,792	\$ 169,624	4.22%
Medicaid Reimbursement	\$ 105,000	\$ 65,458	\$ (39,542)	-37.66%
Interest Income	\$ 33,070	\$ 50,000	\$ 16,931	51.20%
Premium on Debt Issuance	\$ 73,905	\$ 40,000	\$ (33,905)	-45.88%
Total	\$ 7,076,983	\$ 7,315,180	\$ 238,197	3.37%





Adjusted Assessment

	Hamilton	Wenham	Total
FY25 Operating & Debt After Offsets & Revenues	\$ 24,697,482	\$ 12,559,242	\$ 37,256,724
+ Step 1 - FY26 Enrollment Shift	\$ (137,850)	\$ 137,850	\$ 0
= Shift Adjusted Apportionment	\$ 24,559,632	\$ 12,697,091	\$ 37,256,724
- Step 2 - FY26 Changes in Offsets & Revenues	\$ 15,829	\$ 8,183	\$ 24,012
= Adjusted Assessment	\$ 24,543,803	\$ 12,688,908	\$ 37,232,712
	-0.62%	1.03%	-0.06%





Step 3 – Expenses

Summary by DESE Category	FY25 Budget	FY26 Budget	Change YoY \$	Change YoY %
Administration	\$ 1,693,765	\$ 1,755,058	\$ 61,293	3.62%
Instructional Leadership	\$ 2,973,878	\$ 2,914,518	\$ (59,360)	-2.00%
Teachers	\$ 14,277,483	\$ 15,861,893	\$ 1,584,410	11.10%
Other Teaching Services	\$ 3,423,105	\$ 3,605,358	\$ 182,253	5.32%
Professional Development	\$ 607,688	\$ 639,442	\$ 31,754	5.23%
Inst. Materials, Equip., & Technology	\$ 881,992	\$ 970,540	\$ 88,548	10.04%
Guidance, Counseling, Testing	\$ 1,370,908	\$ 1,482,927	\$ 112,019	8.17%
Pupil Services	\$ 3,589,156	\$ 4,132,103	\$ 542,947	15.13%
Operations & Maintenance	\$ 2,770,408	\$ 3,678,281	\$ 907,873	32.77%
Benefits & Fixed Charges	\$ 7,409,887	\$ 7,167,346	\$ (242,541)	-3.27%
Capital & Fixed Assets Improvements	\$ 1,034,622	\$ 950,000	\$ (84,622)	-8.18%
Programs with Other School Districts	\$ 4,536,428	\$ 4,797,102	\$ 260,674	5.75%
Debt Service	\$ 2,066,694	\$ 2,001,458	\$ (65,236)	-3.16%
Grand Total	\$ 46,636,015	\$ 49,956,027	\$ 3,320,012	7.12%





Final Town Assessment

	Hamilton	Wenham	Total
FY25 <u>Operating & Debt</u> After Offsets & Revenues	\$ 24,697,482	\$ 12,559,242	\$ 37,256,724
+ Step 1 - FY26 Enrollment Shift	\$ (137,850)	\$ 137,850	\$ 0
= Shift Adjusted Apportionment	\$ 24,559,632	\$ 12,697,091	\$ 37,256,724
- Step 2 - FY26 Changes in Offsets & Revenues	\$ 15,829	\$ 8,183	\$ 24,012
= Adjusted Assessment	\$ 24,543,803	\$ 12,688,908	\$ 37,232,712
+ Step 3 - FY26 Changes in Expenses	\$ 2,188,552	\$ 1,131,460	\$ 3,320,012
Final Operating & Debt Town Assessments	\$ 26,732,355	\$ 13,820,368	\$ 40,552,724
\$ Increase (Decrease) YoY	\$ 2,034,873	\$ 1,261,127	\$ 3,296,000
% Increase (Decrease) YoY	8.24%	10.04%	8.85%





Final Assessment (In & Outside Levy Limit)

	FY25	FY26	Increase \$	Increase %
Hamilton				
Operating Budget After Offsets and Revenue Sources	\$ 23,376,462	\$ 25,439,362	\$ 2,062,900	8.82%
Debt Service After Offsets and Revenue Sources	\$ 1,321,020	\$ 1,292,993	\$ (28,027)	-2.12%
Hamilton Combined Total	\$ 24,697,482	\$ 26,732,356	\$ 2,034,874	8.24%
Wenham				
Operating Budget After Offsets and Revenue Sources	\$ 11,887,472	\$ 13,151,903	\$ 1,264,431	10.64%
Debt Service After Offsets and Revenue Sources	\$ 671,769	\$ 668,465	\$ (3,304)	-0.49%
Wenham Combined Total	\$ 12,559,242	\$ 13,820,368	\$ 1,261,127	10.04%
Total				
Operating Budget After Offsets and Revenue Sources	\$ 35,263,935	\$ 38,591,266	\$ 3,327,331	9.44%
Debt Service After Offsets and Revenue Sources	\$ 1,992,789	\$ 1,961,458	\$ (31,331)	-1.57%
Combined Assessment	\$ 37,256,724	\$ 40,552,724	\$ 3,296,000	8.85%



THANK YOU





Town of Hamilton

FY2026 Preliminary Budget Summary

Presented by

Joseph Domelowicz, Town Manager

Wendy Markiewicz, Finance Director

November 20, 2024

Town of Hamilton

FY2026 Budget Summary



- The FY2026 Budget Remains a work in progress, with expected changes over coming weeks
- FY2026 Goals: “Level Service” budget; deliver all of the same services to Hamilton residents as in prior years
- FY2026 Projected Revenues = \$40,649,442
- FY2026 Projected Expenses = \$45,392,809
 - HWRSD \$27,151,384
 - Essex North Shore \$462,807
 - Town \$17,778,619

Town of Hamilton

FY2026 Expense Summary



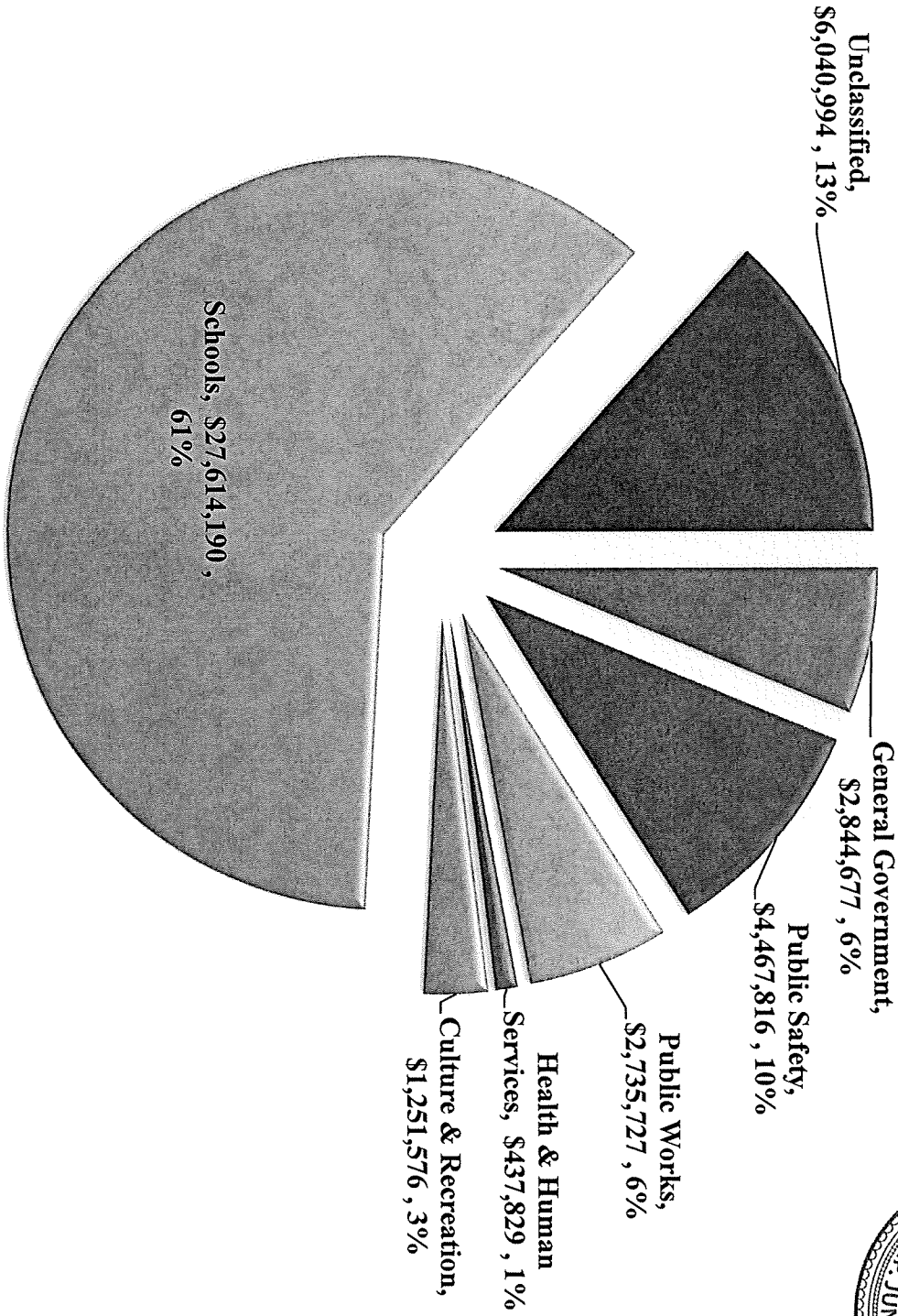
TOWN OF HAMILTON FY2026 GENERAL FUND PROJECTED BUDGET

	FY2023	FY2024	FY2025	FY2026	\$ Change	% Change	% of Total Budget
	Actual	Actual	Budget	Request			
General Government	\$ 2,265,602	\$ 2,273,138	\$ 2,749,570	\$ 2,844,677	\$ 95,107	3.46%	6.27%
Public Safety	\$ 3,517,612	\$ 3,746,347	\$ 4,209,597	\$ 4,467,816	\$ 258,219	6.13%	9.84%
Department of Public Works	\$ 2,151,948	\$ 2,168,687	\$ 2,495,050	\$ 2,735,727	\$ 240,677	9.65%	6.03%
Health & Human Services	\$ 304,998	\$ 355,699	\$ 396,882	\$ 437,829	\$ 40,947	10.32%	0.96%
Culture & Recreation	\$ 1,061,204	\$ 1,142,791	\$ 1,212,355	\$ 1,251,576	\$ 39,221	3.24%	2.76%
Schools	\$ 22,527,924	\$ 23,404,773	\$ 25,240,225	\$ 27,614,190	\$ 2,373,965	9.41%	60.83%
Unclassified	\$ 4,015,665	\$ 6,641,673	\$ 6,159,517	\$ 6,040,994	\$ (118,523)	-1.92%	13.31%
Total	\$ 35,844,953	\$ 39,733,108	\$ 42,463,196	\$ 45,392,809	\$ 2,929,613	6.90%	100.00%

*as of 11/20/2024

Town of Hamilton

Town of Hamilton FY2026 Initial Budget Request Summary



Town of Hamilton

*as of 11/20/2024

Town of Hamilton

FY2026 Assumptions and Concerns



- Currently running nearly \$5 million in the red
- Carrying a 10% increase for insurance costs
- Assumes a level-spend on Capital projects – this may not be possible
- Includes negotiated contract increases for all employees
- Assumes no override
- Assumes loss of revenue for multiple IMAs