**Office Use Only:**Date Pmt Rec'd: 4/26 Fee Paid: \$ 100 Check No: 1003Police Department approval issued ☐ Notes: _____Meets applicable zoning bylaws ☐ _____Certificate of Occupancy issued ☐ _____Board of Health Permits issued ☐ _____

Board of Selectmen Decision Date _____

Approved ☐ Denied ☐**TOWN OF NATICK****INNHOLDER'S COMMON VICTUALER LICENSE APPLICATION***(Type or print clearly; illegible applications will not be accepted)*For Calendar Year: 2019Date Submitted: 7/23Fee: \$50.00☒ **New**☐ **Renewal**

The undersigned hereby applies for an Innholder's Common Victualer License in accordance with the provisions of the Statutes relating thereto:

☐ **Innholder's ComVic License Only**☒ **Innholder's ComVic with Liquor License**

Name of Person, Firm, or Corporation Making Application:

Colwen Management, Inc.Name of Establishment (d/b/a) Residence Inn by Marriott NatickAddress of Establishment 1 Superior DriveMailing address (if different from establishment) 230 Commerce Way, Ste 200, Portsmouth, NH 03801Contact Person (to whom **ALL** licensing information will be sent, **including renewal notice and license**)Michael ColavecchioEmail Address mcolavecchio@colwenhotels.com Phone 603-897-6100Manager of Establishment David LaurentEmail Address dlaurent@colwenhotels.com Phone 603-897-6100If Business is a Corporation, Corporate Name and Officers Leo Xarras - Chairman & CEO; Julie Scott - President;Terrence Bickhardt - Treasurer, Sr. VP, CFO; David Van Der Beken - Secretary; Mark Schleicher - Director; Christine Thomas - DirectorIf Business is an LLC, List of Members N/A

Establishment's Days and Hours of Operation Hotel - 24/7
Food and Beverage - 6am - 12am 7 days
Number of Staff +/- 35 FT +/- 20 PT Number of Seats 350
Has a Certificate of Occupancy been issued? No If not, expected date of issuance 8/2019
Have Board of Health Permits been issued ? No If not, expected date of issuance 8/2019

Additional Information Requested by the Town of Natick Police Department for Background Check:

Applicant's Social Security Number or Employee I.D. Number 02-0526858 Colwen Management, Inc.

Date of Birth _____

I, the Undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.

Tax Attestation: Furthermore, Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant  Date 7/9/19

Leo Xarras, Chairman & CEO

By Corporate Officer _____ Date _____
(If applicable)

Please print and submit completed application and all required supporting materials as listed below to the Board of Selectmen's Office (508-647-6410), Natick Town Hall, 13 East Central Street, Natick, MA 01760. See additional important licensing information on the Town website at natickma.gov: click on Government, then on Board of Selectmen, then on Grants, Licenses & Permits. Contact the Community & Economic Development Office (508-647-6450) and the Board of Health (508-647-6460), both located on the second floor of Town Hall, and the Town Clerk's Office (508-647-6430), located on the first floor of Town Hall, regarding any other zoning regulations, building requirements, permits, etc. pertaining to your application for an innholder's common victualer license. An innholder's common victualer license, if approved, will be issued only if all zoning regulations are met and a Certificate of Occupancy and Board of Health permits are issued.

Required documents:

1. Proof of Workers Compensation Insurance (if applicable)
2. Workers' Compensation Insurance Affidavit
3. Set of floor plans and site plan*** (If renewing a license and changes have been made to the premises in the previous 12 months, a revised set of floor plans and site plan must be submitted)
4. List of equipment and estimated cost***
5. Copy of Bill of Sale or Lease Agreement***
6. If a Corporation, a copy of Articles of Organization; if an LLC, a copy of the Membership Agreement and list of members***
7. \$75.00 Application fee (checks made payable to the Town of Natick)

*** New Applicants Only (see exception for item #3)

Workers' Compensation Insurance Affidavit



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: Colwen Management, Inc.

Address: 230 Commerce Way, Ste. 200

City/State/Zip: Portsmouth, NH 03801

Phone #: 603-897-6100

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 100+ 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 Hospitality Management

*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: LM Insurance Corporation

Insurer's Address: 175 Berkeley Street

City/State/Zip: Boston, MA 02116

Policy # or Self-ins. Lic. # WC5691469705018

Expiration Date: 11/1/19

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: Leo Xarras

Leo Xarras

Date: 7/9/19

Chairman & CEO

Phone #: 603-897-6100

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 #: _____

Workers' Compensation Insurance Policy

WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY

INFORMATION PAGE



Issued by LM Insurance Corporation (a stock company) 27243

Policy Number WC5-691-469705-018

Issuing Office Lewiston, ME

New

Issue Date 12/05/2018

Account Number 9-469705

Sub Account 0000

1. Insured and Mailing Address
Colwen Management, Inc.
PO Box 4430
MANCHESTER NH 03108

FEIN 02-0526858
NJ TIN 020526858000
Risk ID 911375109

Status Limited Liability Company

Other workplaces not shown above: See Item 4. Premium - Extension of Information Page

2. Policy Period: The policy period is from 11/01/2018 to 11/01/2019 12:01 A.M. standard time at the Insured's mailing address.

3. Coverage

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA NH NJ NY RI

- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	1,000,000	each accident
Bodily Injury by Disease	\$	1,000,000	policy limit
Bodily Injury by Disease	\$	1,000,000	each employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All States except those listed in Item 3.A and the States of:
ND OH WA WY

- D. This policy includes these endorsements and schedules: See Item 3. Coverage D - Extension of Information Page

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Extension of Information Page				
Minimum Premium	\$1,000 (NH)	Total Estimated Annual Premium	\$	
Premium will be billed	Annual	Deposit Premium	\$	
		Deposit Tax/Surcharge/Assessment	\$	

Producer 0002 003477
ARTHUR J GALLAGHER RISK MANAGEMENT
SERVICES INC
1900 WEST LOOP S STE 1600
HOUSTON TX 770273295

List of Equipment and Estimated Cost

Proposed Natick Residence Inn Food Service Equipment

Proposed Equipment	Cost	Quantity	Total
micro/convec oven	8,196.33	2	16,393
heated cabinet	4,004.88	2	8,010
reach in refrig	3,132.00	1	3,132
reach in refrig	3,331.00	1	3,331
cook and hold oven	9,237.00	1	9,237
glass washer	4,691.00	1	4,691
ice and water dispenser	3,712.00	3	11,136
ref merchandiser	9,185.00	1	9,185
walk in cooler	20,002.56	1	20,003
cook and hold oven	8,144.00	1	8,144
reach in ref left and right	7,086.00	2	7,086
mobile heated cabinet	4,004.88	2	8,010
Blodgett convection oven	6,400.00	1	6,400
combi oven	14,808.00	2	29,616
ice machine	4,252.00	1	4,252
dishwasher	14,337.00	1	14,337
dish table w/sink	3,929.00	1	3,929
dishwasher	14,336.70	1	14,337
			181,227
supplies, small wares, linens	estimate		127,802
Projected total			309,029

Proposed Natick Residence Inn Food and Beverage Furnishings

meeting room	Item	Qty		Cost per	Extension
	200.00 - SOFA	3.00	ea	240.00	720.00
	200.00 - SOFA	5.00	ea	213.60	1,068.00
	128.00 - TABLE	40.00	ea	643.00	25,720.00
	128.00 - TABLE	26.00	ea	557.00	14,482.00
	211.00 - STACK CHAIRS	250.00		102.82	25,705.00
	211.00 - STACK CHAIRS	4.00		252.05	1,008.20
	128.00 - TABLE	1.00	ea	2,810.00	2,810.00
	128.00 - TABLE	1.00	ea	2,810.00	2,810.00
	129.00 - CONSOLE	1.00	ea	1,885.00	1,885.00
	128.00 - TABLE	6.00	ea	141.00	846.00
	128.00 - TABLE	2.00	ea	551.00	1,102.00
	128.00 - TABLE	1.00	ea	1,674.00	1,674.00
	201.00 - LOUNGE CHAIR	6.00	ea	600.00	3,600.00
	200.00 - SOFA	1.00	ea	650.00	650.00
	200.00 - SOFA	2.00	ea	295.00	590.00
	128.00 - TABLE	4.00	ea	127.00	508.00
	124.00 - COMMUNAL TABLE	1.00	ea	4,880.00	4,880.00
	Total Meeting room				90,058.20

Lounge/Bar/Dining Area	Item	Qty		Cost per	Extension
	107.01 - DINING TABLE BASE	12.00	ea	127.00	1,524.00
	107.01 - DINING TABLE BASE	4.00	ea	127.00	508.00
	106.00 - DINING TABLE TOP	12.00	ea	300.00	3,600.00
	106.00 - DINING TABLE TOP	4.00	ea	600.00	2,400.00
	205.00 - BARSTOOL	22.00	ea	282.00	6,204.00
	201.01 - LOUNGE CHAIR COM	13.00	yd	12.95	168.35
	201.00 - LOUNGE CHAIR	4.00	ea	695.00	2,780.00
	209.00 - ARM CHAIR	4.00		695.00	2,780.00
	209.00 - ARM CHAIR	6.00		545.00	3,270.00
	213.00 - BANQUETTE	2.00		1,895.00	3,790.00
	213.00 - BANQUETTE	4.00		1,895.00	7,580.00
	207.01 - BENCH COM	72.00	sqyd	19.45	1,400.40
	206.01 - SIDE CHAIR COM	16.00	sqyd	85.00	1,360.00
	206.00 - SIDE CHAIR	34.00		280.00	9,520.00
	Total				46,884.75

TV's	LG	1.00	ea	723.00	723.00
	LG	5.00	ea	1350	<u>6,750.00</u>
					7,473.00

Estimated Grand Total	144,415.95
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Foreign Corporation Certificate and Certificate of Amendment

Examiner

Name
Approved

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FOREIGN CORPORATION CERTIFICATE (General Laws, Chapter 181, Section 4)

We, Wendell Butcher, *President / ~~Exec. Director~~
and Henry B. Stebbins, ~~Clerk~~ / *Assistant Clerk or *Secretary / ~~Asst. Secretary~~
of Colwen Management, Inc.
(Exact name of corporation)

in compliance with the provisions of General Laws, Chapter 181, Section 4, certify as follows:

1. Exact name of the corporation, including any words or abbreviations indicating incorporation or limited liability:
Colwen Management, Inc.
2. If the exact name of the corporation is not available for use in the Commonwealth of Massachusetts, state the name the corporation will use to transact business in the Commonwealth of Massachusetts:
3. The corporation is organized under the laws of:
New Hampshire
4. The date of its organization is:
June 7, 2001
5. The location of its principal office is:
**66 Hanover Street, Suite 301
Manchester, NH 03101**
6. The activities of the corporation within the Commonwealth of Massachusetts are:
**A management company providing multi-unit management operation and
brand support and sales and market review for hotels.**

C
M
R.A.

☐
☐
☒

7. The location of its office in Massachusetts, if any, is:
None
8. The name and street address of the resident agent of the Corporation in the Commonwealth of Massachusetts is:
CT Corporation System, 101 Federal Street, Boston, MA 02109
9. The date on which the corporation's fiscal year ends is:
December 31st
10. If the corporation's existence is other than perpetual, state the duration of existence:
N/A

P.C.

*Delete the inapplicable words.

11. The name and business address of the officers and directors of the corporation are as follows:

	NAME	BUSINESS ADDRESS
President:	Wendell Butcher	20 Millstone Drive, Windham, NH 03087
*Vice President:	N/A	
Treasurer:	Mark R. Stebbins	1359 Daniel Webster Highway, Hooksett, NH 03106
Clerk or Secretary:	Henry B. Stebbins	66 Hanover St., Suite 301, Manchester, NH 03101
*Assistant Clerk or Assistant Secretary:	N/A	
Directors:	Colin Nadeua Wendell Butcher Mark R. Stebbins Mark C. Schleicher	3 Cheyenne Circle, Andover, MA 01810 20 Millstone Drive, Windham, NH 03087 1359 Daniel Webster Highway, Hooksett, NH 03106 P.O. Box 590, Norwich, VT 05055

**Please provide the name and business address of the Vice President and Assistant Clerk/ Assistant Secretary if they are executing this certificate.*

12. Please indicate the fees a Massachusetts corporation would be required to pay to register to do business in the state of incorporation:

\$85.00

13. Attached to this certificate shall be a Certificate of Legal Existence of such foreign corporation issued by an officer or agency properly authorized in the state or country in which such foreign corporation was organized or other evidence of legal existence acceptable to the Secretary. If such certificate or other evidence of such legal existence is in language other than English, a translation thereof, under oath of the translator, shall also be attached.

SIGNED UNDER THE PENALTIES OF PERJURY, this 3rd day of January, 20 02,

Wendell Butcher, *President / ~~*Vice President~~

Henry B. Stebbins, ~~*Clerk / *Assistant Clerk~~ or *Secretary / ~~*Assistant Secretary~~

**Delete the inapplicable words.*

State of New Hampshire
Department of State

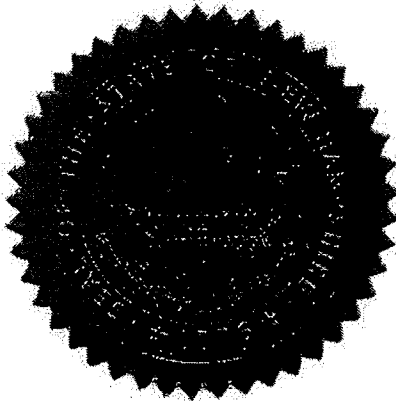
CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COLWEN MANAGEMENT, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on JUNE 7, 2001. I further certify that all fees required by the Secretary of State's office have been paid and that articles of dissolution have not been filed.

IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of December A.D. 2001



William M. Gardner
Secretary of State



777459

2607

THE COMMONWEALTH OF MASSACHUSETTS
FOREIGN CORPORATION CERTIFICATE
(General Laws, Chapter 181, Section 4)

I hereby approve the within Foreign Corporation Certificate and, the
filing fee in the amount of \$ 300- having been paid, said
certificate is deemed to have been filed with me this 7th day of
January, 20 02.

William Francis Galvin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

RECEIVED
CORPORATION DIVISION
02 JAN -7 PM 1:10

TO BE FILLED IN BY CORPORATION
Photocopy of document to be sent to:

Henry B. Stebbins, Esquire

Stebbins, Lazos & Van Der Beken, P.A.

66 Hanover Street, Suite 301, Manchester, NH 03101

Telephone: (603) 627-3700

**F
FPC****The Commonwealth of Massachusetts**

William Francis Galvin
 Secretary of the Commonwealth
 One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Certificate of Amendment
 (General Laws Chapter 156D, Section 15.04; 950 CMR 113.49)

FORM MUST BE TYPED

(1) Exact name of corporation: Colwen Management, Inc.

(as contained in the Division's records)

(2) Registered office address: 185 Federal Street, Suite 700, Boston, MA 02110

(number, street, city or town, state, zip code)

(3) This amendment shall change:

(check appropriate box(es))

☐ the corporation's name to: _____☐ the period of the corporation's duration to: _____☐ the state or country of its incorporation to: _____☐ the street address of its principal office to: _____☐ the fiscal year end to: _____☐ the activities conducted by the foreign corporation in the commonwealth: _____☒ its officers and directors: See Attachment☐ other: _____

The name must satisfy the requirements of G.L. Chapter 156D, Section 15.06.

* If the amendment includes a change of its corporate name, or the state or country of its incorporation, attach a certificate evidencing the changes duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law it is incorporated. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.

RC.

Certificate of Amendment (General Laws Chapter 156D, Section 15.04; CMR 113.49)**Colwen Management, Inc.**

Title	Name	Address
Chairman of the Board, CEO	Leo Xarras	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA
President	Julie Scott	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA
Chief Financial Officer and Treasurer	Terrence Bickhardt	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA
Secretary	David Van Der Beken	889 Elm Street, 6 th Floor Manchester, NH 03101 USA
Director	Leo Xarras	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA
Director	Mark C. Schleicher	35 Watergate Dr., Suite 1605 Sarasota, FL 34236 USA
Director	Christine Thomas	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: _____

Signed by: _____

(signature of authorized individual)

- ☒ Chairman of the board of directors,
☐ President,
☐ Other officer,
☐ Court-appointed fiduciary.

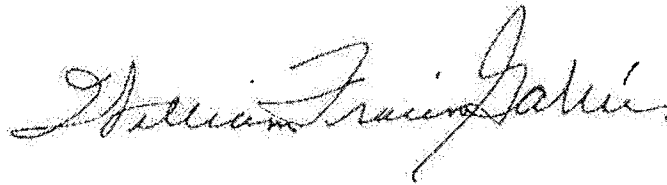
on this 18th day of May, 2018.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

May 22, 2018 11:54 AM

A handwritten signature in cursive script, reading "William Francis Galvin". The signature is written in dark ink and is centered on the page.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

**F
FPC****The Commonwealth of Massachusetts****William Francis Galvin****Secretary of the Commonwealth****One Ashburton Place, Boston, Massachusetts 02108-1512**

FORM MUST BE TYPED

Certificate of Amendment

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 15.04; 950 CMR 113.49)(1) Exact name of corporation: Colwen Management, Inc.*(as contained in the Division's records)*(2) Registered office address: 155 Federal Street, STE 700, Boston, MA 02110*(number, street, city or town, state, zip code)*

(3) This amendment shall change:

(check appropriate box(es))☐ the corporation's name to*: _____☐ the period of the corporation's duration to: _____☐ the state or country of its incorporation to*: _____☐ the street address of its principal office to: _____☐ the fiscal year end to: _____☐ the activities conducted by the foreign corporation in the commonwealth: _____☒ its officers and directors: See Attached☐ other _____*The name must satisfy the requirements of G.L. Chapter 156D, Section 15.06.*** If the amendment includes a change of its corporate name, or the state or country of its incorporation, attach a certificate evidencing the changes duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law it is incorporated. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.*

Colwen Management, Inc.**Officers and Directors**

<u>Name</u>	<u>Position</u>	<u>Business Address</u>
Mark C. Schleicher	Director	Storm Peak Capital 249 Bragg Hill Road Norwich, VT 05055
Leo Xarras	Director	1359 Hooksett Road Hookset, NH 03106
Christine S. Thomas	Director	1359 Hooksett Road Hookset, NH 03106
Leo Xarras	CEO & President	1359 Hooksett Road Hookset, NH 03106
Terrence Bickhardt	Sr. V.P. & Treasurer	230 Commerce Way, Suite 200 Portsmouth, NH 03801
Julie Scott	Sr. V.P.	230 Commerce Way, Suite 200 Portsmouth, NH 03801
David Van Der Beken	Secretary	66 Hanover Street Manchester, NH 03101

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: _____

Signed by: _____

David P. Clark BL, Secretary

(signature of authorized individual)

- ☐ Chairman of the board of directors,
☐ President,
☒ Other officer,
☐ Court-appointed fiduciary.

on this

18th

day of June

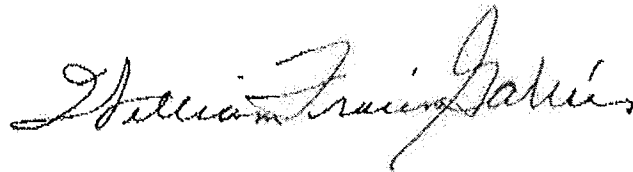
, 2015

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

June 19, 2015 09:44 AM

A handwritten signature in cursive script, reading "William Francis Galvin". The signature is written in dark ink and is positioned above the printed name and title.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

**Letter dated November 14, 2018 regarding
Address Change**

Town of Natick
Massachusetts 01760
Home of Champions



Amy K. Mistrot, Chair
Susan G. Salamoff, Vice Chair
Michael J. Hickey, Jr., Clerk
Jonathan H. Freedman
Richard P. Jennett, Jr.

MEMORANDUM

TO: Natick Postmaster
15 Common Street
Natick, MA 01760

Framingham Postmaster
330 Cochituate Road
Framingham, MA 01701

FROM: Trish O'Neil, Executive Assistant
poneil@natickma.org
508-647-6410

DATE: November 14, 2018

RE: Address Change

For your information, at their meeting of November 13, 2018, the Board of Selectmen voted unanimously to change the address at 1225 Worcester Street to 1 Superior Drive (Marriott Hotel) and 3 Superior Drive (62+ Residence Building).

Thank you.

cc: Katie Britt Snyder, Senior Project Manager
National Development
ksnyder@natdev.com

Town of Natick:
Board of Assessors
Comptroller
Police Department
Fire Department
Town Clerk
Tax Collector / Water & Sewer Billing
Community Development/Building Department
Department of Public Works
Board of Health