

**- PUBLIC MEETING -
Hope Select Board
Meeting at 6:30 p.m.
Tuesday, June 13, 2023
Hope Town Office**

-AGENDA-

Call to Order:

Agenda Adjustments/Approval:

Public Comment *(Please limit comments to 2-3 minutes):*

Minutes:

- May 23, 2023:

Warrants:

New Business:

- Application for Committee Service – Reappointment Molly Luce, Planning Board:
- 2023-24 Contract with Interstate Septic:
- *Renew Liquor License for Pushaw's Trading Post – Susan Pushaw:*

Old Business:

Other Business:

Town Administrator's Report:

Adjournment:

MINUTES OF SELECT BOARD MEETING

Hope Select Board
Tuesday, May 23, 2023
6:30 p.m.
Hope Town Office

Board Members Present:

- Sarah Ann Smith, Dick Crabtree, and Mike Brown

Others Present:

- Samantha Mank and Rick Bresnahan

Call to Order:

- The meeting was called to order at 6:30 p.m. by Sarah.

Agenda Adjustments/Approval:

- Dick made a motion to approve the agenda as written. It was seconded by Mike.
Motion passed 3-0

Public Comment:

- Rick noted that one year ago, he and other department heads had voiced concerns and dissatisfaction with how the mowing of the various town facilities were being handled. He thought it only appropriate to return a year later to express what a good job the new mowing contractor is doing so far.

Rick also wanted to remind the Select Board about the 25th Anniversary Celebration of True Park. The celebration will take place on Saturday, July 22, 2023 from 9:00 a.m. to 1:00 p.m.

Minutes:

- May 9, 2023: Dick made a motion to approve the 5/9/23 minutes. It was seconded by Mike.
Motion passed 3-0
- May 16, 2023: Dick made a motion to approve the 5/16/23 minutes. It was seconded by Mike.
Motion passed 3-0

Warrants 86, 87, 88, & 89:

- The Select Board reviewed the warrants. Dick made a motion to approve and sign warrants 86, 87, 88, and 89. It was seconded by Mike.
Motion passed 3-0

New Business:

- 2023 Personal Property Taxes 36 M.R.S. 105 §760-A “Minor or Burdensome Amount” of \$3,648.87: Dick made a motion to write off the 2023 personal property taxes in the amount

of \$3,648.87. It was seconded by Mike.

Motion passed 3-0

Old Business:

- None

Other Business:

- None

Town Administrator Report:

- I attended an ambulance meeting with NEMHS and the managers/administrator from the other three towns. NEMHS explained that Pen Bay Medical Center has contracted with North Star ambulance service to handle their transfers. This has effectively reduced the revenue to NEMHS by approximately \$600,000/year. The Town has a contract with NEMHS for one more year before the Towns will likely be asked to make up the difference of the lost revenue in order for NEMHS to be able to maintain a base of operation locally.
- A Public Hearing to hear from residents regarding the proposed amendment to the Shoreland Zone Ordinance and Official Zoning Map, as well as the mining ordinance moratorium has been scheduled for Wednesday, June 14th at 6:30 p.m. Certified letters have been sent to property owners who may be directly impacted. First class postage letters were sent to all property owners within the shoreland zone.
- Dr. Wang and his student will be in town on Friday, May 26th, to begin the ground penetrating radar survey of Morey Hill Cemetery. They are expected to begin at 11:30 a.m.
- The Town has received the full payment of \$33,133.35 from the DEP for the small community septic program. The project is almost concluded. Waiting for visible grass to grow on top of the disposal field area before submitting the final photos and making the last 10% of the payments to the contractor.
- There were no additional responses from the joint school committees for a meeting. I did have a Zoom interview with the HES financial team as information gathering for the subcommittee meeting which is scheduled for tomorrow evening at HES at 6:00 p.m.
- FEMA teams will be in Knox County and eight other additional counties after Memorial Day to begin a preliminary damage assessment of high value CAT-C damage, which is mostly roads and bridges. This assessment is the best way to determine if the damage dollar amounts meet the threshold for a presidential declaration.
- There were 2 new building permits and 2 plumbing permits issued since the 5/10/23 Select Board meeting:
 - Bruce Linthicum 419 Camden Rd. Expanding 2nd Story
 - Santa Wolanczyk 444 Camden Rd. Change of Use
- There are 6 RE accounts for 2022, totaling \$22,638.80. Unpaid 2022 real estate taxes will automatically foreclose on February 27, 2024, if the accounts are not paid in full.

- There are 117 RE accounts for 2023, totaling \$186,161.70.
- There have been pre-payments totaling \$9,414.77 for the 2024 RE taxes.
- The cash has not been out of balance since the Select Board meeting on 5/9/23.

Executive Session:

- Pursuant to 1 M.R.S. §405 6(A)(1) - Discussion or consideration of the employment, appointment, assignment, duties, promotion, demotion, compensation, evaluation, disciplining, resignation or dismissal of an individual or group of public officials, appointees or employees of the body or agency: Dick made a motion to enter executive session pursuant to the above cited statute at 7:29 p.m. It was seconded by Mike.

Motion passed 3-0

- Dick made a motion to exit executive session at 8:03 p.m. It was seconded by Mike.

Motion passed 3-0

Adjournment:

- Mike made a motion to adjourn at 8:04 p.m. It was seconded by Dick.

Motion passed 3-0



APPLICATION FOR COMMITTEE SERVICE

Town of Hope 441 Camden Road Hope, ME
04847

Name: Molly Luce

Home Address: _____

Work Address: _____

Mailing Address (if different): _____

Phone Number: (Home) _____

ork) _____

E-mail Address: _____

Committee you wish to serve on: Planning Board

Why do you want to serve on this committee?

I LOVE HOPE

Do you have any background that would be helpful to this committee?

yes

APPLICATION FOR COMMITTEE SERVICE – continued

Land Use philosophy: (if applicable)

USE IT

Are there objectives you wish to see accomplished?

A great communication with the people and smooth operation of the Board.

Are you interested in serving on other committees?

maybe

Interview comments:

Appointment Date: _____



INTERSTATE SEPTIC SYSTEMS, INC.

10 GORDON DRIVE
ROCKLAND, ME 04841

Email: compost@interstatesepptic.com

(207) 596-5646

(800) 596-5646

FAX: (207) 594-0079

June 1, 2023

TOWN OF HOPE
441 CAMDEN RD
HOPE, ME 04847

Dear Sir/Madam:

RE: YEAR 2023-2024 CONTRACT RENEWAL

I am enclosing the Septic Waste Disposal Facility Agreement for renewal of your 2023-2024 contract with us. Please sign and return a copy of the agreement for our records.

The fee will remain the same as last year, at \$2,300 for a one year contract. The resident or business of Hope will be responsible for paying Interstate Septic a disposal fee at their scheduled pumping.

If you have any questions, please feel free to call me at (207) 596-5646. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Harris".

Andrew Harris
President

SEPTIC WASTE DISPOSAL FACILITY AGREEMENT

INTERSTATE SEPTIC SYSTEMS, INC., 10 GORDON DRIVE, ROCKLAND, MAINE 04841 (ISSI) a Maine corporation in good standing, and the Municipality of Hope (Municipality) agree on this ____ day of _____ (month and year) as follows:

1. ISSI is the operator of a septic waste disposal facility located in Rockland, Maine that is licensed by the State of Maine Department of Environmental Protection (DEP). ISSI agrees to operate and maintain this facility in accordance with all applicable State and Federal laws and regulations throughout the term of this agreement.
2. The Municipality is required by state law to provide for the disposal of all refuse, effluent, sludge, and any other materials, as defined by DEP regulations (these materials will be referred to as “septic waste”), from all septic tanks and cesspools located within the Municipality, and makes this agreement with ISSI to fulfill its obligation. The Municipality will obtain DEP approval designating the ISSI facility as the municipal septic disposal facility and will pay any fee required for such designation.
3. ISSI agrees to provide its septic waste disposal facility on a year-round basis as the facility for the disposal of all septic waste from all septic tanks and cesspools located within the Municipality until **June 30, 2024**. In addition, waste from grease traps may be accepted, but only with prior approval of ISSI.
4. ISSI will allow other septic pumping services, if they use properly licensed trucks and have completed DEP Non-Hazardous Waste Transporter Manifests, to use the ISSI disposal facility to dispose of septic waste gathered from within the Municipality. ISSI will receive septic waste from other pumping services from 7:00 a.m. to 4:30 p.m., Monday through Friday (Federal and State of Maine legal holidays excluded), and at other times only by prior arrangements made at least five (5) business days in advance.
5. In consideration for the obligation of ISSI to handle all the septic waste generated in the Municipality and other services provided in this agreement the Municipality will pay ISSI **\$2,300.** per year payable on **December 31, 2023.** The full faith and credit of the Municipality is pledged to pay this fee.

INTERSTATE SEPTIC SYSTEMS, INC.



Andrew Harris, Facility Operator

MUNICIPALITY

BY: _____

BY: _____

BY: _____



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

Application for an On-Premises License

All Questions Must Be Answered Completely. Please print legibly.

Division Use Only	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Payment Type:	
OK with SOS:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Section I: Licensee/Applicant(s) Information;
Type of License and Status**

Legal Business Entity Applicant Name (corporation, LLC): <u>Pushaws Trading Post Inc.</u>	Business Name (D/B/A): <u>Pushaws Trading Post</u>
Individual or Sole Proprietor Applicant Name(s): <u>Susan Pushaw</u>	Physical Location: <u>163 Main Street Hope Me.</u>
Individual or Sole Proprietor Applicant Name(s): <u>Gerald Pushaw</u>	Mailing address, if different:
Mailing address, if different from DBA address: [REDACTED]	[REDACTED]
Telephone # Fax #: [REDACTED]	Business Telephone # Fax #: <u>(207) 785-3355 Share</u>
Federal Tax Identification Number: [REDACTED]	Maine Seller Certificate # or Sales Tax #: [REDACTED]
Alcohol Dealers Permit:	Website address:

1. New license or renewal of existing license? New Expected Start date: _____
 Renewal Expiration Date: 7/29/23

2. The dollar amount of gross income for the licensure period that will end on the expiration date above:

Food: _____ Beer, Wine or Spirits: _____ Guest Rooms: _____

3. Please indicate the type of alcoholic beverage to be sold: (check all that apply)

- Malt Liquor (beer) Wine Spirits

4. Indicate the type of license applying for: (choose only one)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Restaurant
(Class I, II, III, IV) | <input type="checkbox"/> Class A Restaurant/Lounge
(Class XI) | <input type="checkbox"/> Class A Lounge
(Class X) |
| <input type="checkbox"/> Hotel
(Class I, II, III, IV) | <input type="checkbox"/> Hotel – Food Optional
(Class I-A) | <input type="checkbox"/> Bed & Breakfast
(Class V) |
| <input type="checkbox"/> Golf Course (included optional licenses, please check if apply)
(Class I, II, III, IV) | <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Mobile Cart |
| <input type="checkbox"/> Tavern
(Class IV) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Qualified Caterer | <input type="checkbox"/> Self-Sponsored Events (Qualified Caterers Only) | |

Refer to Section V for the License Fee Schedule on page 9

5. Business records are located at the following address:

163 Main Street Hope Me.

6. Is the licensee/applicant(s) citizens of the United States? Yes No

7. Is the licensee/applicant(s) a resident of the State of Maine? Yes No

NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes No If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

Yes No

Not applicable – licensee/applicant(s) is a sole proprietor

10. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

Yes No

If yes, please provide details: _____

11. Do you own or have any interest in any another Maine Liquor License? Yes No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

Name of Business	License Number	Complete Physical Address
Pushaw's Trading Post	[REDACTED]	163 Main Street Hope Mo. 04847

12. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

Full Name	DOB	Place of Birth
Susan Pushaw	[REDACTED]	[REDACTED]
Gerald W. Pushaw	[REDACTED]	[REDACTED]

Residence address on all the above for previous 5 years	
Name: Susan Pushaw	Address: [REDACTED]
Name: Gerald W. Pushaw	Address: [REDACTED]
Name:	Address:
Name:	Address:

13. Will any law enforcement officer directly benefit financially from this license, if issued?

Yes No

If Yes, provide name of law enforcement officer and department where employed:

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States? Yes No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: Pushaw's Trading Post Violation APRIL, 28, 2023
 Date of Conviction: BEING PROCESSED
 Offense: Sale To a MINOR Location: 163 Main Street Hope
 Disposition: BEING PROCESSED

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States? Yes No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: _____ Date of Conviction: _____
 Offense: _____ Location: _____
 Disposition: _____

16. Has the licensee/applicant(s) formerly held a Maine liquor license? Yes No

17. Does the licensee/applicant(s) own the premises? Yes No

If No, please provide the name and address of the owner:

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: _____

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

Kitchen and eating area

20. What is the distance from the premises to the **nearest** school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel?

Name: South Hope Christian Church

Distance: 700 ft

Section II: Signature of Applicant(s)

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

Please sign and date in blue ink.

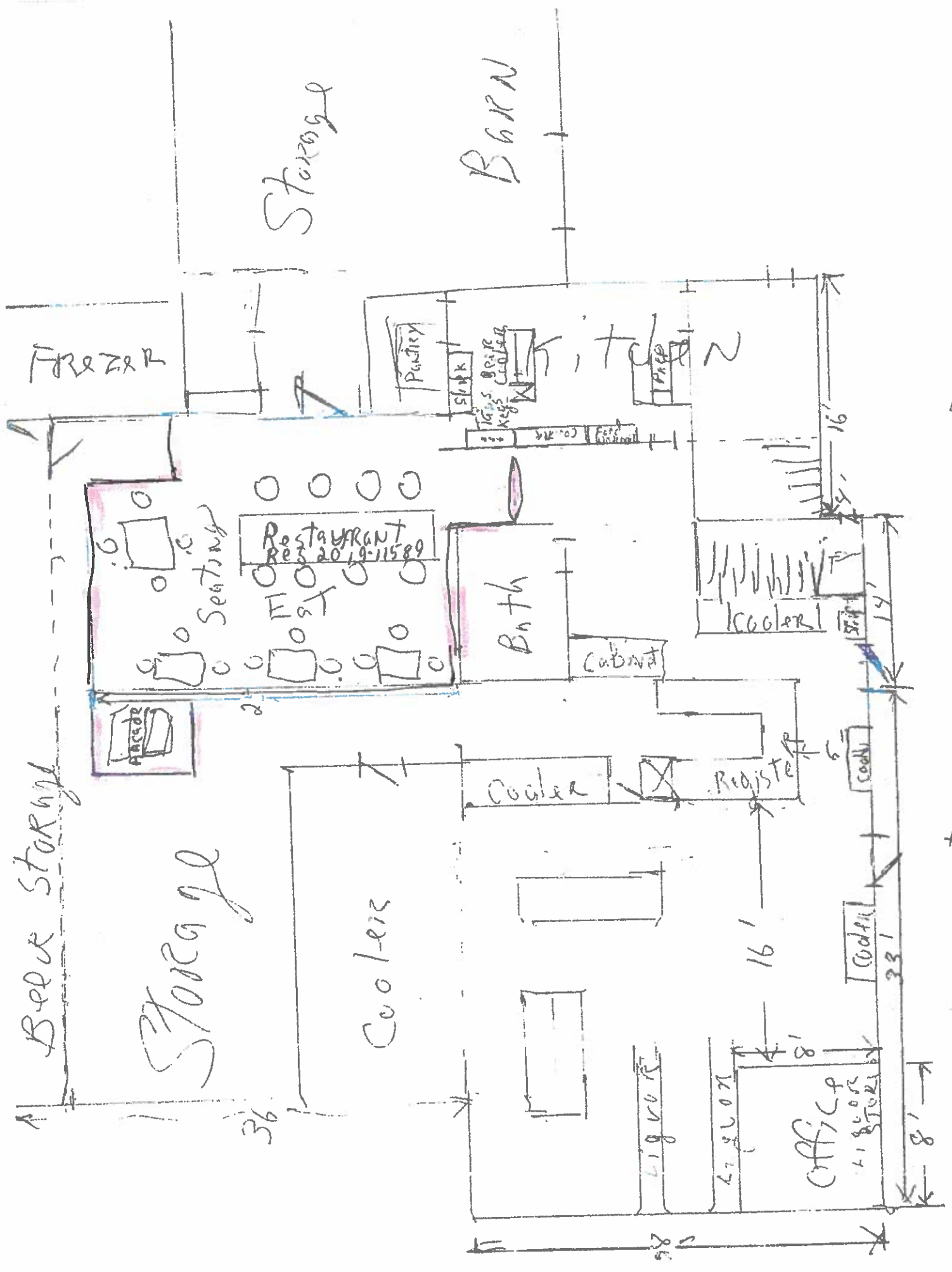
Dated: _____

Signature of Duly Authorized Person

Signature of Duly Authorized Person

Printed Name Duly Authorized Person

Printed Name of Duly Authorized Person



←
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4. Indicate the type of license applying for: (choose only one)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Restaurant
(Class I, II, III, IV) | <input type="checkbox"/> Class A Restaurant/Lounge
(Class XI) | <input type="checkbox"/> Class A Lounge
(Class X) |
| <input type="checkbox"/> Hotel
(Class I, II, III, IV) | <input type="checkbox"/> Hotel – Food Optional
(Class I-A) | <input type="checkbox"/> Bed & Breakfast
(Class V) |
| <input type="checkbox"/> Golf Course (included optional licenses, please check if apply)
(Class I, II, III, IV) | <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Mobile Cart |
| <input type="checkbox"/> Tavern
(Class IV) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Qualified Caterer | <input type="checkbox"/> Self-Sponsored Events (Qualified Caterers Only) | |

Refer to Section V for the License Fee Schedule on page 9

5. Business records are located at the following address:

Same 163 Main Street Hope Me. 04847

6. Is the licensee/applicant(s) citizens of the United States? Yes No

7. Is the licensee/applicant(s) a resident of the State of Maine? Yes No

NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes No If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

Yes No

Not applicable – licensee/applicant(s) is a sole proprietor



**STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT**

Application for an On-Premises License

All Questions Must Be Answered Completely. Please print legibly.

Division Use Only	
License No: _____	
Class: _____	By: _____
Deposit Date: _____	
Amt. Deposited: _____	
Payment Type: _____	
OK with SOS: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Section I: Licensee/Applicant(s) Information;
Type of License and Status**

Legal Business Entity Applicant Name (corporation, LLC): <i>Pushaws Trading Post inc.</i>	Business Name (D/B/A): <i>Pushaws Trading Post</i>
Individual or Sole Proprietor Applicant Name(s): <i>Susan Pushaw</i>	Physical Location: <i>163 Main St. Hope, Maine</i>
Individual or Sole Proprietor Applicant Name(s): <i>Gerald W. Pushaw</i>	Mailing address, if different: _____
Mailing address, if different from DBA address: _____	Email Address: _____ [Redacted]
Telephone # _____ Fax #: _____	Business Telephone # _____ Fax #: _____ <i>207-785-3355</i>
Federal Tax Identification Number: [Redacted]	Maine Seller Certificate # or Sales Tax #: _____ [Redacted]
Retail Beverage Alcohol Dealers Permit: _____	Website address: _____

1. New license or renewal of existing license? New Expected Start date: _____
 Renewal Expiration Date: _____

2. The dollar amount of gross income for the licensure period that will end on the expiration date above:
 Food: \$ 294,607.23 Beer, Wine or Spirits: \$ 321,543.65 Guest Rooms: _____

3. Please indicate the type of alcoholic beverage to be sold: (check all that apply)
 Malt Liquor (beer) Wine Spirits

Section III: For use by Municipal Officers and County Commissioners only

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this on-premises liquor license application.

Dated: _____

Who is approving this application? Municipal Officers of _____

County Commissioners of _____ County

- Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of establishment to be licensed by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

Signature of Officials	Printed Name and Title

**This Application will Expire 60 Days from the date of
Municipal or County Approval unless submitted to the Bureau**

Included below is the section of Maine’s liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see <http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html>

§653. Hearings; bureau review; appeal

1. Hearings. The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms.