

Town of Greenville
SCHEDULED TOWN BOARD MEETING AGENDA
October 7th, 2024
5:45 pm PH Alarm Systems LL
6:00 pm Budget Workshop 1
This meeting will be held in person at Pioneer Hall.

NEW BUSINESS

- a) PH: False Alarm Local Law
- b) Budget Workshop
- c) Postage Meter
- d) RES: Fire Convention
- e) Pest Control Quote
- f) Comprehensive Plan Project Update
- g) Schedule Budget Adoption Public Hearing, November 7, 2024 Time: ?
- h) Misc.

OPEN MEETING

ADJOURNMENT

OFFICIAL MEETING TIMES, ONCE MOVED UPON, CAN BE FOUND IN THE MINUTES, ON THE
OFFICIAL SIGNBOARD AT TOWN HALL AND POSTED IN THE OFFICIAL TOWN NEWSPAPER AS IS
REQUIRED BY TOWN LAW

ALARMS

§ 1. Title.

This local law shall be known as the “Town of Greenville Alarm Devices and Systems Law.”

§ 2. Definitions.

As used in this local law, the following terms shall have the meanings indicated:

ALARM SYSTEMS – A device or an assembly of equipment which is designed to detect smoke, abnormal rise in temperature, fire, medical emergency or any entry into or exit from a building, structure or facility and by reason thereof emits an audible response intended to alert persons outside of the premises and/or transmit a signal or message to an emergency agency either directly or through private answering point.

EMERGENCY AGENCY – Any fire, police, 911 or other dispatch center or public or private response agency, without regard as to whether such agency is paid or volunteer.

FALSE ALARM – Any signal activated by a police, fire or medical emergency alarm device, devices or system of police, fire or medical emergency alarm devices which is not the result of natural disaster, act of God, criminal act, fire or other emergency, resulting in police, fire or other emergency services or personnel response. The term “false alarm” shall include human error and equipment malfunction causing the alarm to be activated and which results in the above emergency response.

§ 3. Automatic cutoff required.

- A. No person shall install or maintain an external audible alarm device which does not contain an operation automatic cutoff system which turns off the external audible alarm after a period not to exceed 15 minutes.
- B. An automatic dialer connected directly to an emergency agency shall automatically disconnect and/or terminate its message after the message has been transmitted a maximum of two times. Notwithstanding the foregoing, however, the total transmission time of all messages shall not exceed five minutes.

§ 4. Automatic cutoff required.

The owner and/or lessee of real property to which an emergency agency responds as a result of a false alarm shall pay a fee for each such response in each calendar year as follows:

- A. First false alarm: no fee.

- B. Second false alarm: \$75.
- C. Third false alarm: \$100.
- D. Fourth false alarm: \$500 each.

§ 5. Parties for offenses.

Any person that does not pay the fee established in this local law or which violates any other provisions of this local law shall be subject to a civil penalty not to exceed \$1,000 for each offense. A separate offense shall be deemed committed upon each day during which a violation occurs, continues or is permitted.

§ 6. Enforcement

The Town of Greenville Code Enforcement Officer or any other peace officer or police officer is hereby authorized to enforce this local law.

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information				
Name of Action or Project: Adoption of Local Law #3 of 2024 False Alarms				
Project Location (describe, and attach a location map): Town of Greenville Town-wide				
Brief Description of Proposed Action: Adoption of Local Law #3 of 2024 regulating false alarms				
Name of Applicant or Sponsor: Greenville Town Board		Telephone: (518) 966-5055 E-Mail: townclerk@townofgreenvillenyny.com		
Address: PO Box 38				
City/PO: Greenville		State: NY	Zip Code: 12083	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, are adjoining or near the proposed action:				
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Project:	LL#3 of 2024 False Alarms
Date:	10/21/2024

**Short Environmental Assessment Form
Part 2 - Impact Assessment**

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project:	False Alarms LL
Date:	10/21/2024

**Short Environmental Assessment Form
Part 3 Determination of Significance**

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input checked="" type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
Greenville Town Board	10/21/2024
Name of Lead Agency	Date
John Bensen	Supervisor
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT FORM



Postage Meter Rental Agreement

Product: Quadient IS-280

Payment Information and Schedule

Yes! Send me the IS-280 iMeter™ digital postage machine with 2 lb. weighing platform for:

Postage Machine	Months	Price/Month
(Plus applicable taxes)		
<input type="checkbox"/> IS-280 iMeter	36 Months	\$19.75
<input type="checkbox"/> IS-280 iMeter	24 Months	\$19.75
<input checked="" type="checkbox"/> IS-280 iMeter	12 Months	\$19.75

Billing Frequency: Quarterly

Shipping and handling: \$14.99 (Waived)

Offer Includes:

Products: 2 lb. Scale

Service Products: Depot Maintenance, Rate Change Protection

Billing Information:

Company Name: Town of Greenville

DBA:

Tax ID, Employer ID or SSN *Tax Exempt = 14-6002215*

Address: PO Box 38
Greenville, NY 12083

Contact: Paul J. Macko

Email: townclerk@townofgreenvilleny.com *(Jessica Lewis)*

Phone: (518) 966-5055 Fax: *518-966-4108*

Office#: 6200 - Metroland Business Machines Inc.
Main Post Office / Mail Drop: *Greenville Post Office*

Post Office ZIP Code: *12083*

Agreement Information:

Date Sent: 6/10/2022

Offer Valid Until: 7/11/2022

Replaces Meter S/N:

Approval & Terms

Guided by Quadient, Inc.'s Sustainable Design and Responsible Manufacturing Policy, our Products may contain reused components. For more information visit <https://www.quadient.com/about-us/sustainable-design-and-manufacturing>.

This document consists of a Postage Meter Rental Agreement and an Online Services and Software Agreement with Quadient, Inc. Your signature constitutes an offer to enter into such agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version Rental-Terms-V9-2020), which are also available at www.quadient.com/Rental-Terms-V9-2020, and that you are authorized to sign the agreements on behalf of the customer identified above. The applicable agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.

Name: *Paul J Macko*
Title: *Town Supervisor*
Date: *6-13-22*

Authorized Signature: *Paul J Macko*

Teresa Broadway T.Broadway@quadient.com PH: 972-820-2931 Ext. 62931 FAX: 203-301-2775

Quadient, Inc. 478 Wheelers Farms Road, Milford, CT 06461

Available Options:

Option	Price Per Month
<input type="checkbox"/> 5lb Weighing Platform	\$3.00
<input checked="" type="checkbox"/> Neoship shipping software	\$0.00
<input checked="" type="checkbox"/> 5 Department accounting	\$3.00

Special Promo / Instructions:

6 Additional Months Free with the 24/36 month terms, Free Shipping (-\$14.99), Starter Kit

Installation Address:

Company Name: Town of Greenville

Special Delivery Instructions:

Address: 11159 State Route 32
Greenville, NY 12083

Contact: Jessica Lewis

Email: townclerk@townofgreenvilleny.com

Phone: (518) 966-5055 Fax:

Office#: 6200 - Metroland Business Machines Inc.
Main Post Office / Mail Drop Off: *Greenville Post Office*

Post Office ZIP Code: *12083*

Postage Meter Funding:

Postage Funding Option: Quadient Postage Funding

Overview

Dear Jessica Lewis,

This exclusive offer includes the iX-1 postage meter, maintenance, and rate change protection for only **\$24.95** per month.

The iX-1 Postage Meter features:

- User friendly navigation and a Rate Wizard that simplifies rate selection and ensures postage accuracy every time.
- An IMI (Intelligent Mail indicia) compliant postage meter
- A 10lb. integrated scale and large display
- Convenient ATM-style postage downloads with High speed internet connection
- Up to 2,000 impressions per Ink cartridge with Low Ink E-mail Alerts for efficient planning
- Convenient access to postal and department usage on Myquadi⁷ent for reporting at your fingertips
- Automated USPS ® Rate Change updates

[Click here to learn more about the iX-1 Postage Meter today!](#)

We appreciate your business!

Sincerely,

Elizabeth Karl

E.Karl@quadi⁷ent.com

203-301-3701 Ext. 13701

***** Please Note: This meter connects through a high-speed digital connection for postage downloads and rate change and software updates.**

Any changes, addition, or modifications to the agreement must be accompanied by the signers initials.

If the address or company name on the form needs to be adjusted, please contact me before you sign and I will send you an updated copy. ***

Statement of Confidentiality

This proposal and supporting materials contain confidential and proprietary business information of Quadi⁷ent, Inc. These materials may be printed or photocopied for use in evaluating the proposed project, but are not to be shared with other parties.



Postage Meter Rental Agreement

Product: Quadient IX1

Offer Includes

Products: 10 lb Scale
Service Products: Depot Maintenance
, Rate Change Protection
EasyLink: (Quadient Postage Funding and LAN required)

Billing Information

Billing CSN#: 61004558
Company Name: TOWN OF GREENVILLE
DBA:
Address: 11159 State Route 32
GREENVILLE,NY12083
Contact: Jessica Lewis
Email: TownClerk@townofgreenvillenyny.com
Phone: (518) 966-5055 Fax:
Office#: 6200 - Metroland Business Machines Inc.
Main Post Office / Mail Drop:
Post Office ZIP Code:

Agreement Information

Date Sent: 9/12/2024
Offer Valid Until:
Replaces Meter S/N: 14861381

Existing customers who currently fund the Postage account by ACH Debit will not be converted to a Postage Funding Account unless initialed here:

Approval & Terms

Guided by Quadient, Inc.'s Sustainable Design and Responsible Manufacturing Policy, our Products may contain reused components. For more information visit <https://www.quadient.com/about-us/sustainable-design-and-manufacturing>.

This document consists of a Postage Meter Rental Agreement and an Online Services and Software Agreement with Quadient, Inc. Your signature constitutes an offer to enter into such agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version Rental-Terms-V11-2023), which are also available at <https://quadientterms.com/Rental-Terms-V11-2023>, and that you are authorized to sign the agreements on behalf of the customer identified above. The applicable agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.

Name:
Title:
Date:

Authorized Signature:

Payment Information and Schedule

Billing Frequency: Quarterly
Monthly Payment: \$24.95 (plus applicable taxes)
Shipping and handling: \$19.99
Number of Months: 36

Installation Address

Company Name: TOWN OF GREENVILLE
Address: 11159 State Route 32
GREENVILLE,NY12083
Contact: Jessica Lewis
Email: TownClerk@townofgreenvillenyny.com
Phone: (518) 966-5055 Fax:
Office#: 6200 - Metroland Business Machines Inc.
Main Post Office / Mail Drop Off:
Post Office ZIP Code:

Postage Meter Funding

Postage Funding Option: Quadient Postage Funding
Use my POC/TMS Account #:
My POC/TMS Account#: 8105769

RESOLUTION
Town Board of the Town of Greenville
Authorizing Open Container/Beer Sales in the Town
Park for the Fire Convention

WHEREAS, Town Board of the Town of Greenville approved the Greene County Fireman's Convention to take place in the Town Park to be held September 3, 2025 to September 6, 2025 from 12:00am to 11:59pm; and

WHEREAS, the Town Board of the Town of Greenville has received a request to allow the consumption of alcohol/sale of beer in the Town Park during the Fireman's Convention.

NOW THEREFORE, IT IS HEREBY

RESOLVED, that the Town Board of the Town of Greenville determines that alcohol consumption/sale of beer in the Town Park shall be allowed on September 3, 2025 to September 6, 2025 from 12:00am to 11:59pm, only. Specifically, alcohol consumption is only allowed on those dates and during those times in the Town Park and shall not be permitted anywhere else on town or other public property.

RESOLUTION MOTION MADE BY COUNCILPERSON _____,
SECONDED BY COUNCILPERSON _____.

ROLL CALL:

	<u>AYE</u>	<u>NAY</u>	<u>ABSENT/OTHER</u>
Supervisor Bensen			
Councilperson Macko			
Councilperson Richards			
Councilperson Vonatzingen			
Councilperson Bear			

CARRIED.

Jessica Lewis, Town Clerk
DATED: October 7, 2024

PATTERSON PEST CONTROL

PEST CONTROL QUOTE

UNIT #1133

PHONE : 518 947 0533

ATHENS, NEW YORK 12015

EMAIL: PATTERSONPEST@GMAIL.COM

CUSTOMER'S NAME TOWN OF GREENVILLE		SERVICE LOCATION: 11159 STATE RT 32 GREENVILLE NY	
MAILING ADDRESS: PO BOX 38 GREENVILLE NY 12083		EMAIL ADDRESS: TOWNCLERK@TOWNNOFGREENVILLENY.COM	
PHONE: 518 966 5055 EXT 5		TYPE OF PROPERTY TO BE SERVICED: TOWN BUILDING	
DATE SERVICE BEGINS: 10/24	DATE SERVICE ENDS: 9/25		
PEST TO BE CONTROL: BEES, WASPS, HORNETS, ANTS, SPIDERS AND COMMON CRAWLING INSECTS INCLUDES MICE AND RAT CONTROL.		SPECIAL INSTRUCTIONS: N/A	
TERMS AND CONDITION: 2 DIFFERENT QUOTES FOR SERVICES: 1. \$600.00 FOR INITIAL START UP FOR MICE AND RAT CONTROL ONLY WITH EITHER \$100.00 MONTHLY OR \$150.00 BIMONTHLY FEE FOR ONGOING SERVICE. OR 2. \$800.00 FOR INITIAL START UP FOR MICE AND RAT CONTROL PLUS COMMON CRAWLING INSECT CONTROL – ANTS, SPIDERS, ECT. WITH EITHER \$200.00 MONTHLY OR \$250.00 BIMONTHLY FEE FOR ON GOING. Note if you take our services we will need your tax exempt info.			
SERVICE GUARANTEE: We agree to apply chemicals to control above-named pest in accordance with the terms and conditions of this Service Agreement. All labor and materials will be furnished to provide the most efficient pest control and maximum safety required by federal and state regulations.			
SERVICE RENEWAL: This agreement shall be initial period of <u>12</u> months and will renew itself annually unless either party cancels this agreement by giving 30 days written notice before any expirations dates.			

ROBERT PATTERSON October 4, 2024'

PATTERSON PEST CONTROL

UNIT #1133

ATHENS, NEW YORK 12015

518 947 0533

How to make your payments for our services:

PLEASE NOTE FOR START UP FEES, YOU NEED TO PAY IN ADVANCE.

We have 5 different ways you can make your payments to us:

1. You can pay cash to the Technician the day of your service.
2. You can pay by check to the Technician the day of your service.
3. When you receive your emailed invoice there will be a "BLUE" link to make your payment. You click on the blue link and submit your information from your credit/debit card to make your payment.
4. You can mail us a check after you receive your invoice.
5. We do have automatic payments, you can call Fran at 518 821 4357 and she will set you up for automatic payment.



Comprehensive Plan Update Project - Grant Administration Proposal

This is a proposal for services provided by Sustainable Growth ("Consultant") for the Town of Greenville ("Town").

Start Date: Oct 9, 2024

Services to Be Performed by the Consultant: The Consultant will support and assist the Town with the management and administration of the Hudson River Valley Greenway Grant for Phase One of the Comprehensive Plan Update Project. The Consultant will ensure compliance with the granting agency and alignment with the Town's project goals.

Summary of Services

1. Grant Administration Services:

- a. *Grant Agreement Execution:* Review and advise on the Grant Agreement (MOU) with the Greenway Grant Committee.
- b. *Budget and Financial Management:* Assist with developing and monitoring the grant budget to ensure the effective use of funds, including tracking expenditures and in-kind hours, and making necessary adjustments.
- c. *Compliance and Reporting:* Ensure compliance with grant conditions, including preparing and submitting required financial and performance reports to the granting agency.
- d. *Documentation and Recordkeeping:* Maintain detailed records and documentation for audit purposes and grant monitoring.
- e. *Communication:* Serve as a liaison between the granting agency and the Town, managing inquiries, updates, and any necessary correspondence.
- f. *Contractor Procurement:* Manage the RFP process for securing the Planning Firm to conduct the Community Survey and Comprehensive Plan Review.
- g. *Grant Closeout Process:* Coordinate the finalization of grant requirements, including final reporting and reconciliation of accounts.

Payment Terms:

Service	Hourly Rate	Estimated Hours	Maximum Cost
Grant Agreement Execution	\$75	2	\$150
Contractor Procurement	\$75	10	\$750
Ongoing Tasks:			
o Communication			
o Documentation and Recordkeeping	\$75	22	\$1,650
o Compliance and Reporting			
o Budget and Financial Management			
Grant Closeout Process	\$75	2	\$150
		Estimated Total:	\$2,700

Fixed Price of \$75 per hour not to exceed 36 hours (\$2,700).

Additional Work: If the Consultant determines that any work it has been directed to perform is beyond the scope of this agreement and constitutes extra work, it shall promptly notify the Town, and a supplemental agreement may be executed. If it is determined that additional time is required to complete the scope of work or to meet project objectives, the parties may agree to increase the hours of the contract. Any such increase will be subject to mutual agreement in writing, and any additional hours or services beyond the original contract terms will be billed at the agreed-upon rates.

Supplemental Agreements: The Consultant shall not perform any additional work or incur any additional costs prior to the execution, by both parties, of a supplemental agreement.

Service Codes: NIGP: 91821, NAICS 561110 & 541611.

Name

Title

Signature

Date



TOWN OF GREENVILLE
P.O. BOX 38
Greenville, NY 12083

Jessica K. Lewis
Town Clerk-Collector

(518) 966-5055 x5
fax: 518-966-4108

October 7, 2024

To whom it may concern;

This memo is to inform you that Baumann's Brookside has applied for a liquor license at their location 77 Johnny Cake Lane Greenville, NY 12083. Please submit written comments regarding the proposed application to the Town Clerk's office within five business days.

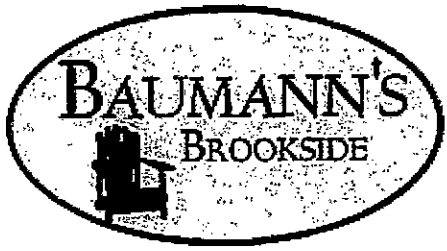
Sincerely,



Jessica K. Lewis

Town Clerk-Collector

CC: Town Board, Building Dept., Greene Co. Sheriff



09/25/2024

Greenville Town Board,

We currently hold a seasonal beer/wine licences class SH 346 serial number 2203710. We are applying for a change of class/code to an SL 542 beer, cider, wine and liquor.

Sincerely,

Carol Schreiber

A handwritten signature in cursive script that reads "Carol Schreiber". The signature is written in black ink and has a long, thin horizontal line extending to the right from the end of the name.

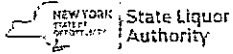
Baumann's Brookside

77 Johnny Cake Lane

Greenville, NY 12083

www.baumanns.com

baumannsresort@gmail.com



OFFICE USE ONLY

Original Amended Date _____

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent: 1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

New Application Removal Class Change

For premises in the City of New York:

New Application New Application and Temporary Retail Permit Temporary Retail Permit Removal
 Class Change Method of Operation Corporate Change Renewal Alteration

For New and Temporary Retail Permit applicants, answer each question below using all information known to date
 For Renewal applicants, answer all questions
 For Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s)
 For Corporate Change applicants, attach a list of the current and proposed corporate principals
 For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation
 For Class Change applicants, attach a statement detailing your current license type and your proposed license type
 For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold: Beer & cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

12. Extent of Food Service: Full Food menu; full kitchen run by a chef/cook Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment

Video/Arcade Games Third Party Promoters Security Personnel

Other (specify):

15. Licensed Outdoor Area: (check all that apply) None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify): _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name	Serial Number

21. Does the applicant or licensee own the building in which the establishment is located? Yes (If YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature: