



Town of Machias
Town Office
7 Court Street, Suite #1
P. O. Box 418
Machias, ME 04654



Machias Select Board Meeting
Wednesday, October 9, 2024 @ 6:00 PM
At Machias Tele-Business Center

Call to Order: Jacob Patryn, Chairperson

Adoption of Minutes - To review and adopt the minutes from Select Board Minutes September 29, 2024, Minutes October 2, 2024

Items to be signed

1. Warrants
2. Special Entertainment Permit – West Branch Farms, LLC

New Business

1. Fuel Oil/Propane Bid Openings
2. Fire Department Hires
3. Transfer Station Hire
4. Purchase Connex Box
5. Manager's Report
6. Treasurer/Deputy Treasurer
6. Health Officer Appointment

Old Business

1. Ambulance Policy Update

Other Business

Adjourn

Next Meeting: Select Board 10/23/2024

Telephone: (207)-255-6621 **E-Mail:** townclerk@machiasme.org

Visit our website at machiasme.org

“Town of Machias is an equal opportunity/affirmative action employer.”



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Special Entertainment Permit

To permit: Music & Dancing on licensed premises.
(music, dancing, or entertainment)

Subject to existing ordinances, rules, regulations and any amendments that may be made thereto, in accordance with the provisions of Title 28-A M.R.S.A. § 1504.

This permit is hereby granted upon condition that the licensed premises do not violate the above statute or any ordinance, rules, or regulations promulgated pursuant thereto.

Licensee's Name: West Branch Farms, LLC

Business Name: ~~West Branch Farms, LLC~~ Foss Point Event Center

Location & Municipality of Licensed Premises: Machias

Address: 180 West Kennebec Road

Description of Premises: Event Center

Hours Permit is Effective: 7-11:00pm

Type(s) of music, dancing, entertainment permitted: DJ

(FOR MUNICIPAL USE ONLY)

This permit expires _____ (expiration date of current liquor license)
unless sooner revoked by the Municipal Officers.

Dated at Machias this _____ day of _____, _____.

Municipal Officers:

Public Hearing Held: _____

Telephone: (207)-255-6621 Fax: (207) 255-6492 E-Mail: go to machiasme.org

Visit our website at machiasme.org

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Machias Fire Department

Joey R. Dennison
Fire Chief

Brian Ingalls
Assistant Chief

Post Office Box 418
Machias, ME 04654
Telephone: (207) 255-4424



FIREFIGHTER APPLICATION/INFORMATION

NAME: Rivery Daniel N/A
Last First MI

ADDRESS: 10 Cooper St

TELEPHONE NUMBER(S): HOME — WORK — CELL —

ACTIVE EMAIL ADDRESS: —

DO YOU HAVE AN ACTIVE MAINE DRIVERS LICENSE: YES — NO X
IF SO, LICENSE # — CLASS — EXPIRES —

MARITAL STATUS: SINGLE X MARRIED —

SPOUSE'S NAME —
Last First MI

OCCUPATION: —

MAY WE CONTACT YOUR CURRENT EMPLOYER: YES — NO —

NAME OF CLOSEST LIVING RELATIVE/NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY: Lena David PHONE: —

REFERENCES

PREVIOUS FIREFIGHTING OR RELATED EXPERIENCE, IF ANY:

WEIGHT: 200 HEIGHT: 5'7" COAT SIZE: M SHIRT SIZE: M PANT SIZE: (W) 30 (L) 32

DATE MFD VOTED ON: — / — / — DATE SIX MONTH PROBATION BEGAN: — / — / —

P.O. Box 418
25 McDonald Drive
Machias, ME 04654
Phone 255-4424
Emergency 9-1-1

RELEASE OF INFORMATION
CRIMINAL HISTORY
MOTOR VEHICLE HISTORY
MISCELLANEOUS INFORMATION

Last Name: Rivern SS#: _____
First Name: Daniel D.O.B.: _____
Middle Name: _____
Driver's Lic #: _____ State: MA

I, Daniel Rivern, hereby authorize the Machias Fire Department or their designee to obtain information to determine my suitability for employment with the Machias Fire Department.

This release is not restricted to motor vehicle information or criminal history information. This release may be used to obtain/or authorize the release of any information the Machias Fire Department or their designee.

This release will be valid for 120 (one hundred and twenty) days from the date that it is signed. You are hereby authorized to accept a duplicate of this release as if it was an original document.

Applicant's Signature: Daniel Rivern Date: _____

Witness Signature: _____ Date: _____

Machias Fire Department

Joey R. Dennison
Fire Chief

Brian Ingalls
Assistant Chief



Post Office Box 418
Machias, ME 04654
Telephone: (207) 255-4424

FIREFIGHTER APPLICATION/INFORMATION

NAME: David Daniel
Last First MI

ADDRESS: 10 Cooper st

TELEPHONE NUMBER(S): HOME _____ WORK _____ CELL _____

ACTIVE EMAIL ADDRESS: _____

DO YOU HAVE AN ACTIVE MAINE DRIVERS LICENSE: YES _____ NO
IF SO, LICENSE # _____ CLASS _____ EXPIRES _____

MARITAL STATUS: SINGLE MARRIED _____

SPOUSE'S NAME _____
Last First MI

OCCUPATION: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER: YES _____ NO _____

NAME OF CLOSEST LIVING RELATIVE/NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY: Leah David PHONE: _____

REFERENCES

PREVIOUS FIREFIGHTING OR RELATED EXPERIENCE, IF ANY:

WEIGHT: _____ HEIGHT: _____ COAT SIZE: _____ SHIRT SIZE: _____ PANT SIZE: (W) _____ (L) _____

DATE MFD VOTED ON: _____ / _____ / _____ DATE SIX MONTH PROBATION BEGAN: _____ / _____ / _____

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Phone 255-4424
Emergency 9-1-1

RELEASE OF INFORMATION
CRIMINAL HISTORY
MOTOR VEHICLE HISTORY
MISCELLANEOUS INFORMATION

Last Name: David SS#: _____
First Name: Daniel D.O.B.: _____
Middle Name: _____
Driver's Lic #: _____ State: MA

I, Daniel David, hereby authorize the Machias Fire Department or their designee to obtain information to determine my suitability for employment with the Machias Fire Department.

This release is not restricted to motor vehicle information or criminal history information. This release may be used to obtain/or authorize the release of any information the Machias Fire Department or their designee.

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Applicant's Signature: Daniel David Date: 9-5-2024

Witness Signature: _____ Date: _____

Machias Fire Department

Joey R. Dennison
Fire Chief

Brian Ingalls
Assistant Chief



Post Office Box 418
Machias, ME 04654
Telephone: (207) 255-4424

FIREFIGHTER APPLICATION/INFORMATION

NAME: Cotton Matthew A
Last First MI

ADDRESS: 65 North St, Machias, ME

TELEPHONE NUMBER(S): HOME _____ WORK _____ CELL _____

ACTIVE EMAIL ADDRESS: _____

DO YOU HAVE AN ACTIVE MAINE DRIVERS LICENSE: YES NO
IF SO, LICENSE # _____ CLASS B EXPIRES 5/26/2029

MARITAL STATUS: SINGLE MARRIED _____

SPOUSE'S NAME Lee Kristin A
Last First MI

OCCUPATION: Self-employed / Business owner

MAY WE CONTACT YOUR CURRENT EMPLOYER: YES NO

NAME OF CLOSEST LIVING RELATIVE/NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY: Kristin Lee PHONE: _____

REFERENCES

Kristin Lee Bill Sternburg
Earl Sprague

PREVIOUS FIREFIGHTING OR RELATED EXPERIENCE, IF ANY:

WEIGHT: 240 HEIGHT: 6.5 COAT SIZE: _____ SHIRT SIZE: XL PANT SIZE: (W) _____ (L) _____

DATE MFD VOTED ON: ____/____/____ DATE SIX MONTH PROBATION BEGAN: ____/____/____

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RELEASE OF INFORMATION
CRIMINAL HISTORY
MOTOR VEHICLE HISTORY
MISCELLANEOUS INFORMATION

Last Name: Cotton

SS#: _____

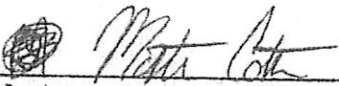
First Name: MATTHEW

D.O.B.: _____

Middle Name: Reed

Driver's Lic #: _____

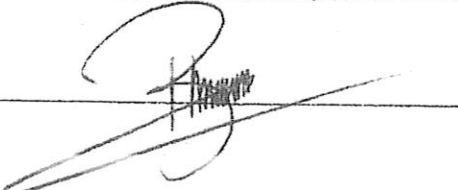
State: Maine

I, , hereby authorize the Machias Fire Department or their designee to obtain information to determine my suitability for employment with the Machias Fire Department.

This release is not restricted to motor vehicle information or criminal history information. This release may be used to obtain/or authorize the release of any information the Machias Fire Department or their designee.

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Applicant's Signature:  Date: 9-17-24

Witness Signature:  Date: 9/17/24