

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 & DONCING 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 P. S. A. S. 1504
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 Forms, LLC
Business Name: Food Point Event Center
Location & Municipality of Licensed Premises: Machine
Address: 180 West Kennebec Road
Description of Premises: Event Center
Hours Permit is Effective:
Type(s) of music, dancing, entertainment permitted:
(FOR MUNICIPAL USE ONLY)
This permit expires (expiration date of current liquor license)
This permit expires (expiration date of current liquor license) unless sooner revoked by the Municipal Officers.
Dated at Machias this day of,
Municipal Officers
Municipal Officers:
Public Hearing Held: Telephone: (207)-255-6621 Fax: (207) 255-6492 E-Mail: go to machiasme.org
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

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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: Rivera	SS#:
First Name: Danie	D,O.B.:
Middle Name:	
Driver's Lic #:	State: MA
their designee to obtain information Machias Fire Department. This release is not restricted to moto This release may be used to obtain/o Fire Department or their designee. This release will be valid for 120 (on	, hereby authorize the Machias Fire Department or to determine my suitability for employment with the r vehicle information or criminal history information. It authorizes the release of any information the Machias the hundred and twenty) days from the date that it is to accept a duplicate of this release as if it was an
Applicant's Signature: dans	Salkura Date:
Witness Signature:	Date:

Machias Fire Department

Joey R. Dennison Fire Chief

Brian Ingalls Assistant Chief



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FIREFIGHTER APPLICATION/INFORMATION

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SS#:				
D.O.B.:				
State: MA				
authorize the Machias Fire Department or e my suitability for employment with the ormation or criminal history information. the release of any information the Machias				
*				
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.				
*				
Date: 9-5-2024				
*				
Date:				

Machias Fire Department

Joey R. Dennison Fire Chief

Brian Ingalls Assistant Chief



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FIREFIGHTER APPLICATION/INFORMATION

NAME: (otton Matthew
Last First MI
ADDRESS: 65 North St., MAchias, ME
TELEPHONE NUMBER(S): HOME WORK CELL.
ACTIVE EMAIL ADDRESS:
DO YOU HAVE AN ACTUVE MAINE DRIVERS LICENSE: YES X NO IF SO, LICENSE # CLASS B EXPIRES 5 26/2029
MARITAL STATUS: SINGLE X MARRIED
SPOUSE'S NAME Lee Kristin A Last First MI
OCCUPATION: Self-employed / Bisiness Owner
MAY WE CONTACT YOUR CURRENT EMPLOYER: YESNO
NAME OF CLOSEST LIVING RELATIVE/NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY: FISHIN LEE PHONE:
REFERENCES
Kristin Lee Bill Sternburg
Earl Sprague
PREVIOUS FIREFIGHTING OR RELATED EXPERIENCE, IF ANY:
WEIGHT: 240 HEIGHT: 65 COAT SIZE: SHIRT SIZE: X 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: MAHKew	D.O.B.:			
Middle Name: Reed				
Driver's Lic #:	State: MAINE			
I,, hereby their designee to obtain information to determine Machias Fire Department.	authorize the Machias Fire Department or emy suitability for employment with the			
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 ar signed. You are hereby authorized to accept a di original document.	nd twenty) days from the date that it is applicate of this release as if it was an			
Applicant's Signature:	Date: 9-17-24			
Witness Signature:	Date: 9/17/24			