

AGENDA
REGULAR MEETING - TOWN OF BOSTON – June 13, 2018

ITEM NO. I PRELIMINARY MATTERS

1. Call Meeting to Order.
2. Roll Call.
3. Pledge of Allegiance.
4. Other Preliminary Matters.

ITEM NO. II REGULAR BUSINESS

1. Correction and Adoption of the Minutes – May 16, 2018 & May 29, 2018
2. Consideration of all Fund Bills.

ITEM NO. III CORRESPONDENCE

1. Income Statement of May 31, 2018
2. Announcement from NYS DEC
3. Letter from Boy Scout Troop 491, regarding Return of Deposit
4. Planning Board notification of the cancelation of the meeting of June 12, 2018
5. Conservation Advisory Council notification of the cancelation of the meeting of June 26 and July 24, 2018
6. Letter from Southtowns Feeds & Needs regarding their 25th Anniversary event

ITEM NO. IV NEW BUSINESS

1. Requests from the Floor (3-minute time limit per person).
2. Application for Use of Facility – Gene Wieckowski
3. Application for Use of Facility – Town of Boston Recreation Department
4. Application for Use of Facility – Boston Town Board
5. Independence Day Fireworks Agreement
6. Appointment of Board Secretary
7. RESOLUTION 2018-29 DECLARING 1989 AUTOCAR DUMP TRUCK SURPLUS PROPERTY AND AUTHORIZING SALE

ITEM NO. V OLD BUSINESS

ITEM NO. VI REPORTS AND PRESENTATIONS

1. Supervisor
2. Town Clerk
3. Highway Superintendent
4. Attorney for the Town
5. Councilmembers
6. Code Enforcement Officer

ITEM NO. VII ADJOURNMENT OF MEETING

1. Adjournment of Meeting

Present: Supervisor Jason Keding, Councilman Zachary Munger, Councilman Michael Cartechine, and Councilwoman Kelly Martin.

Absent: Councilwoman Jennifer Lucachik

Also Present: Highway Superintendent Telaak and Attorney for the Town Costello.

Under preliminary matters, motions were made by Supervisor Keding and seconded by Councilman Munger,

**RESOLUTION 2018 -26 AUTHORIZING PAYMENT OF UTILITY BILLS PRIOR
TO AUDIT PURSUANT TO TOWN LAW § 118(2)**

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

four (4) Yes Carried

**RESOLUTION 2018-27 SEQR A REVIEW FOR BOSTON PRODUCE
GREENHOUSE**

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

four (4) Yes Carried

**RESOLUTION 2018-28 SITE PLAN APPROVAL FOR BOSTON PRODUCE
GREENHOUSE**

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

four (4) Yes Carried

A motion was made by Councilman Cartechine and seconded by Councilman Munger to adopt the minutes of the May 2, 2018 regular meeting.

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

four (4) Yes Carried

A motion was made by Councilman Munger and seconded by Councilman Cartechine, upon review by the Town Board, that fund bills in the amount of \$146,343.87 be paid.

DRAFT

Motion Cont'd:

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

four (4) Yes

Carried

Supervisor Keding stated the following has been received and filed under correspondence:

The income statement dated April 30, 2018 was received from the bookkeeper's office.

The Annual Update Document for the fiscal year ending 12/31/2017 has been filed with New York State.

Received from the Planning Board a letter regarding 7040 South Abbott Road.

A motion was made by Councilman Cartechine and seconded by Supervisor Keding to approve the Use of Facility application for the Patchin Fire Company, for a gun raffle on September 15, 2018, Lions Shelter, Town Park, bathroom facilities, and parking. Pursuant to Town Code, Section 114-9, no firearms will be present at the event.

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

four (4) Yes

Carried

Supervisor Keding read the public hearing notice:

PLEASE TAKE NOTICE that a public hearing originally scheduled for April 4, 2018 but cancelled due to a power outage has been rescheduled and shall be held by the Town Board of the Town of Boston on May 16, 2018, at 7:45 p.m., at Boston Town Hall, 8500 Boston State Road, Boston, New York, to hear any and all persons either for or against a local law entitled: "A LOCAL LAW Amending Local Law 4 of 2008, Which Affords a Real Property Tax Exemption for Cold War Veterans, to Remove the Ten-Year Limitation on that Tax Exemption." Copies of the proposed law, sponsored by Supervisor Keding, are on file in the Town Clerk's Office, Monday through Friday, from 9:00 a.m. to 4:00 p.m.

Supervisor Keding stated the floor is open for public comment.

There were no comments from the public.

Councilwoman Martin read the public hearing notice:

PLEASE TAKE NOTICE that a public hearing shall be held by the Town Board of the Town of Boston on May 16, 2018, at 7:45 p.m., at Boston Town Hall, 8500 Boston State Road, Boston, New York, to hear any and all persons either for or against a local law entitled: "A LOCAL LAW Amending Chapter 111 of the Town Code of the Town of Boston, entitled "Taxation", to opt-out of the exemption for certain energy systems pursuant to § 487 of the New York State Real Property Tax Law." Copies of the proposed law, sponsored by Supervisor Keding, are on file in the Town Clerk's Office, Monday through Friday, from 9:00 a.m. to 4:00 p.m.

Councilwoman Martin stated the floor is open for public comment.

There were no comments from the public.

A motion was made by Supervisor Keding and seconded by Councilman Munger,

RESOLUTION 2018-24 AUTHORIZING ADOPTION BY THE BOSTON TOWN BOARD OF TOWN OF BOSTON OF 2018 LOCAL LAW NO. 1

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

four (4) Yes

Carried

A motion was made by Supervisor Keding and seconded by Councilwoman Martin,

RESOLUTION 2018-25 AUTHORIZING ADOPTION BY THE BOSTON TOWN BOARD OF TOWN OF BOSTON OF 2018 LOCAL LAW NO. 2

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

Four (4) Yes

Carried

A motion was made by Councilwoman Martin and seconded by Supervisor Keding,

RESOLUTION 2018-23 VEHICLE REPAIR BILL

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

Four (4) Yes

Carried

Supervisor Keding stated the floor is open for public comment.

There were no comments from the public.

Town Clerk Quinlan reported on the following:

Electronic Collection Event at Eastern Hills Mall on May 19th from 9:30 am until 1:00 pm. On July 28th there will be a local collection at ECC in Orchard Park from 9:00 am until 12:30 pm.

Household Hazardous Waste Collection will be June 2nd at New Era Field in Orchard Park.

Erie County Department of Health will offer rabies vaccination clinic on May 30th at ECC in Orchard Park from 4:00 pm until 7:00 pm.

Town of Boston Memorial Day parade and program will take place on Memorial Day, May 28th at 1:00 pm.

It was an honor to attend the Erie County Federation of Republican Women, the Town Clerk's received the Woman of Distinction Award this year.

Highway Superintendent Telaak reported on the following:

Thanked Amanda Jensen, Barry Decker, and Scott Fellows for the great job that they do in the Parks Department.

All of the town roads have been swept and completing the last pickup of brush.

Plenty of wood chips available, if any resident wants wood chips fill out the release form.

Several culverts to be replaced.

Paving to get ready. Will be oil and stoning towns roads for a few days, late June, early July, and then a few more days in late July.

Attorney for the Town Costello reported on the following:

Two new local laws will be filed with the Department of State.

There will be more as requested from the code review committee, and also a local law that has been requested from the Highway Superintendent that addresses pushing snow into the right-of-way.

Councilman Munger reported on the following:

UNYTS Blood Drive from May 1st collected fifteen units of blood. Next Blood Drive will be July 3rd.

Will be meeting with Sean Costello regarding a RFP for solid waste and continue to move forward.

Councilman Cartechine reported on the following:

Summer Concert Series is set for this year.
Working with the Recreation Director and Grant Writer to qualify for grants in a timely manner.
If anyone would like to create a committee to go and listen to bands that other towns may use to bring in different bands for next year, they are to see him after meeting.

Councilwoman Martin reported on the following:

Nothing to report.

Supervisor Keding reported on the following:

Summer schedule for Town Board meetings will be June 13, July 18, and August 15. Will resume 1st and 3rd Wednesday Town Board meetings in September.
Erie County Clerk Mickey Kearns sponsored the Thank a Vet Program at the Town Hall.
Three Wounded Veteran parking signs have been installed.

A motion was made by Supervisor Keding and seconded by Councilman Cartechine to adjourn the meeting at 8:00 pm.

Supervisor Keding	Yes	Councilman Munger	Yes
Councilman Cartechine	Yes	Councilwoman Martin	Yes

Four (4) Yes

Carried

SANDRA L. QUINLAN, BOSTON TOWN CLERK

Present: Supervisor Jason Keding, Councilman Michael Cartechine, Councilwoman Jennifer Lucachik, and Councilwoman Kelly Martin.

Absent: Councilman Zachary Munger

A motion was made by Supervisor Keding and seconded by Councilman Cartechine, upon review by the Town Board, that fund bills in the amount of \$24,335.95 be paid.

Supervisor Keding	Yes	Councilman Cartechine	Yes
Councilwoman Lucachik	Yes	Councilwoman Martin	Yes

four (4) Yes Carried

Supervisor Keding presented the flooring bids for the replacement of the flooring at the State Trooper Barracks:

Buffalo Commercial Flooring	\$32,056
Busch Flooring Company	\$18,577
Valley Floors and Carpets	\$28,345
(if the Troopers move their furniture)	\$26,870

A motion was made by Supervisor Keding and seconded by Councilwoman Martin to accept the bid from Busch Flooring Company for \$18,577.

Supervisor Keding	Yes	Councilman Cartechine	Yes
Councilwoman Lucachik	Yes	Councilwoman Martin	Yes

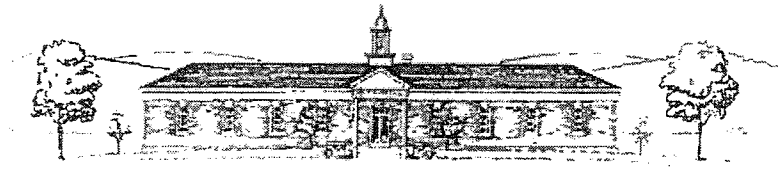
Four (4) Yes Carried

A motion was made by Supervisor Keding and seconded by Councilwoman Lucachik to adjourn the meeting at 1:10 pm.

Supervisor Keding	Yes	Councilman Cartechine	Yes
Councilwoman Lucachik	Yes	Councilwoman Martin	Yes

Four (4) Yes Carried

SANDRA L. QUINLAN, BOSTON TOWN CLERK



TOWN OF BOSTON

Town Board Meeting Date: June 13, 2018

		<u>Total Amount</u>
Abstract #1 – 2018 Payables	Journal #AP-820	\$334,299.50
Total Payables submitted for approval:		\$334,299.50

TOWN HALL, 8500 BOSTON STATE ROAD, BOSTON, NEW YORK 14025
PHONE (716) 941-6113 FAX (716) 941-6116 TDD: 1-800-662-1220

The Town of Boston is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program_intake@usda.gov.

June 13, 2018 - ABSTRACT



Town of Boston
Journal Proof Report
Fiscal Year: 2017 - 2018

Created By: accounting

Journal Number: AP - 820 Account#		Journal Desc: AP Batch 23 Account Description		Trans Description	Date	Journal Date: 5/31/2018 Reference	Account Period: 5 - May Debit		Credit	Status: Currently Active ENCLOSURE Seq #	
A00-0800-0000-0000		ACCOUNTS PAYABLE		Fund A00 AP Account	5/31/2018	Fund A00 AP Account	\$0.00		\$22,253.54	\$0.00	56
A00-1110-4000-0000		TOWN JUSTICE-CONTR		EATON OFFICE SUPPLY CO INC. PINV571413 Court Supplies	5/31/2018	Vendor# 1320	\$199.23		\$0.00	\$0.00	56
A00-1110-4000-0000		TOWN JUSTICE-CONTR		EATON OFFICE SUPPLY CO INC. PINV572806 Court Supplies - toner	5/31/2018	Vendor# 1320	\$126.99		\$0.00	\$0.00	57
A00-1110-4000-0000		TOWN JUSTICE-CONTR		TIME WARNER CABLE 170137302052018 Service from 5/29/18-6/28/18	5/31/2018	Vendor# 1242	\$59.98		\$0.00	\$0.00	6
A00-1220-0400-0000		SUPERVISOR- CONTR		TIME WARNER CABLE 170137302052018 Service from 5/29/18-6/28/18	5/31/2018	Vendor# 1242	\$59.98		\$0.00	\$0.00	7
A00-1321-0400-0000		ACCOUNTANT-CONTRACTUAL		Drescher & Malecki LLP 1805021 Accounting Services from 5/7/2018 - 5/20/2018	5/31/2018	Vendor# 1747	\$7,113.00		\$0.00	\$0.00	1
A00-1355-0401-0000		ASSESSOR- CONTR		SUE FITZNER 2018 Grievance Day 2018 Grievance Day BAR Hearings, Refreshments & Mileage	5/31/2018	Vendor# 435	\$31.62		\$0.00	\$0.00	3
A00-1355-0401-0000		ASSESSOR- CONTR		TIME WARNER CABLE 170137302052018 Service from 5/29/18-6/28/18	5/31/2018	Vendor# 1242	\$29.99		\$0.00	\$0.00	8
A00-1410-0401-0000		TOWN CLERK- CONTR		TIME WARNER CABLE 170137302052018 Service from 5/29/18-6/28/18	5/31/2018	Vendor# 1242	\$59.98		\$0.00	\$0.00	9
A00-1410-0401-0000		TOWN CLERK- CONTR		BUFFALO ENVELOPE CO. 226769 Clerk Envelopes	5/31/2018	Vendor# 182	\$147.06		\$0.00	\$0.00	58
A00-1410-0401-0000		TOWN CLERK- CONTR		EATON OFFICE SUPPLY CO INC. PINV571178 Office Supplies - Town Clerk, Paper - Town Hall	5/31/2018	Vendor# 1320	\$21.08		\$0.00	\$0.00	43
A00-1620-0400-0000		BUILDINGS- CONTR		RUCKER LUMBER INC. 155980 Ladies Sign & Fluor Bulb	5/31/2018	Vendor# 24	\$18.17		\$0.00	\$0.00	44
A00-1620-0400-0000		BUILDINGS- CONTR		SHARE CORP. 56790 Cleaning Supplies Invoice # 56790	5/31/2018	Vendor# 236	\$303.91		\$0.00	\$0.00	45
A00-1620-0400-0000		BUILDINGS- CONTR		J.C. Ehrlich Co. Inc 8007159 Pest General Maintenance Town Hall	5/31/2018	Vendor# 1725	\$68.00		\$0.00	\$0.00	48
A00-1620-0400-0000		BUILDINGS- CONTR		J.C. Ehrlich Co. Inc 8007160 Pest General Maintenance State Trooper Barracks	5/31/2018	Vendor# 1725	\$68.00		\$0.00	\$0.00	49
A00-1620-0400-0000		BUILDINGS- CONTR		EATON OFFICE SUPPLY CO INC. PINV571178 Office Supplies - Town Clerk, Paper - Town Hall	5/31/2018	Vendor# 1320	\$148.45		\$0.00	\$0.00	42
A00-1620-0400-0000		BUILDINGS- CONTR		BISON ELEVATOR SERVICE 50563 Preventative Maintenance - June 2018	5/31/2018	Vendor# 261	\$97.85		\$0.00	\$0.00	53



Town of Boston
Journal Proof Report
Fiscal Year: 2017 - 2018

Created By: accounting

Journal Number: AP - 820		Journal Desc: AP Batch 23		Account Description		Trans Description		Date	Journal Date: 5/31/2018		Account Period: 5 - May		Status: Currently Active	
Account#									Reference		Debit	Credit	ENCLIQ	Seq #
A00-1620-0400-0000	BUILDINGS- CONTR					TIME WARNER CABLE		5/31/2018	Vendor# 1242		\$431.64	\$0.00	\$0.00	5
A00-1620-0400-0000	BUILDINGS- CONTR					170137302052018 Service from 5/29/18-6/28/18								
A00-1670-0403-0000	CENT PRINT/MAIL- CONTR					Johnson Controls Fire Protection Truck Charge		5/31/2018	Vendor# 352		\$68.36	\$0.00	\$0.00	30
A00-1670-0403-0000	CENT PRINT/MAIL- CONTR					Wells Fargo Financial Leasing 5004846591 Xerox copier lease 6/24-7/23		5/31/2018	Vendor# 1779		\$109.70	\$0.00	\$0.00	39
A00-1670-0403-0000	CENT PRINT/MAIL- CONTR					NeoFunds by NeoPost 5 29 18 Funds for Postage Machine		5/31/2018	Vendor# 1616		\$500.00	\$0.00	\$0.00	54
A00-1670-0403-0000	CENT PRINT/MAIL- CONTR					WNY IMAGING SYSTEMS 183605 Quarterly Maintenance - Kyocera Printer		5/31/2018	Vendor# 1239		\$329.00	\$0.00	\$0.00	52
A00-1670-0403-0000	CENT PRINT/MAIL- CONTR					ComDoc, Inc. IN2623869 Contract Coverage Charge		5/31/2018	Vendor# 1787		\$18.09	\$0.00	\$0.00	50
A00-1930-0000-0000	JUDGEMENT AND CLAIMS					NYS UNEMPLOYMENT INSURANCE 2018 Q4 Interest charges for Q4		5/31/2018	Vendor# 213		\$3.54	\$0.00	\$0.00	65
A00-1989-0400-0000	OTHER GENERAL GOVT SUPPORT					CONNIE D MINER June 2018 June 2018 Grant Writing Services		5/31/2018	Vendor# 69		\$1,250.00	\$0.00	\$0.00	2
A00-3510-0400-0000	DOG CONTROL- CONTR					Orchard Park Veterinary Medical Center 999643 Stray # 1 - Emergency Fee & Office Call		5/31/2018	Vendor# 1797		\$123.00	\$0.00	\$0.00	18
A00-3510-0400-0000	DOG CONTROL- CONTR					Orchard Park Veterinary Medical Center 999644 Stray #2 - Office Call		5/31/2018	Vendor# 1797		\$55.00	\$0.00	\$0.00	19
A00-5010-0400-0000	HIGHWAY SUPT-CONTR					Cintas 5010731842 Supplies for Highway		5/31/2018	Vendor# 1758		\$85.42	\$0.00	\$0.00	36
A00-5132-0400-0000	GARAGE-CONTR					UNIFIRST CORP. 0551548389 Highway Materials & Supplies		5/31/2018	Vendor# 1296		\$331.37	\$0.00	\$0.00	37
A00-5132-0400-0000	GARAGE-CONTR					UNIFIRST CORP. 0551551508 Highway Materials & Supplies		5/31/2018	Vendor# 1296		\$131.57	\$0.00	\$0.00	23
A00-5132-0400-0000	GARAGE-CONTR					TIME WARNER CABLE 170137302052018 Service from 5/29/18-6/28/18		5/31/2018	Vendor# 1242		\$149.95	\$0.00	\$0.00	10
A00-5132-0400-0000	GARAGE-CONTR					UNIFIRST CORP. 0551549041 Highway Materials & Supplies		5/31/2018	Vendor# 1296		\$235.62	\$0.00	\$0.00	29
A00-6772-0400-0000	PROGRAMS FOR AGING- CONTR					ERIE COUNTY HEALTH DEPT. qual201909652 Health Permit Renewal		5/31/2018	Vendor# 1045		\$147.00	\$0.00	\$0.00	55
A00-6772-0400-0000	PROGRAMS FOR AGING- CONTR					TIME WARNER CABLE 170137302052018 Service from 5/29/18-6/28/18		5/31/2018	Vendor# 1242		\$29.99	\$0.00	\$0.00	11
A00-7110-0400-0000	PARKS- CONTR					PIONEER MANUFACTURING COMPANY 677286 Field Drag Mat 5x18		5/31/2018	Vendor# 1358		\$228.95	\$0.00	\$0.00	32

Report run by: accounting



Town of Boston
Journal Proof Report
Fiscal Year: 2017 - 2018

Created By: accounting

Journal Number: AP - 820		Journal Desc: AP Batch 23		Account Description		Trans Description	Date	Journal Date: 5/31/2018	Reference	Account Period: 5 - May		Status: Currently Active	
Account#										Debit	Credit	ENCLOS	Seq #
DB0-5130-0400-0000	MACHINERY- CONTRACTUAL			GRANGER 9776628415 Toggle Switch, DPDT 10A @ 277V, Quik Connect	5/31/2018	Vendor# 422				\$20.75	\$0.00	\$0.00	28
DB0-5130-0400-0000	MACHINERY- CONTRACTUAL			CALIFORNIA CONTRACTORS SUPPLY IN T8887 Pigskin Gloves & LED Light - Invoice #TT8887	5/31/2018	Vendor# 773				\$147.68	\$0.00	\$0.00	34
DB0-5130-0400-0000	MACHINERY- CONTRACTUAL			FIVE STAR EQUIPMENT INC P39853 Toggle/Rocker Switch	5/31/2018	Vendor# 612				\$64.57	\$0.00	\$0.00	35
DB0-5130-0400-0000	MACHINERY- CONTRACTUAL			PRAXAIR DISTRIBUTION INC. 83074428 Invoice #83074428 - Cylinder rent 4/20/18-5/20/18	5/31/2018	Vendor# 1039				\$181.50	\$0.00	\$0.00	14
DB0-5130-0400-0000	MACHINERY- CONTRACTUAL			NORTH STAR PIPE & TANK CO 5 24 18 15" Pipe Connectors (6)	5/31/2018	Vendor# 1327				\$90.42	\$0.00	\$0.00	20
DB0-9060-0800-0000	HOSPITAL AND MEDICAL INSURANCE			BLUECROSS BLUESHIELD OF WNY 181450001245 BCBS June 2018 Invoice	5/31/2018	Vendor# 1378				\$8,298.82	\$0.00	\$0.00	40
DB0-9060-0800-0000	HOSPITAL AND MEDICAL INSURANCE			BROKERAGE CONCEPTS INC HRA 2018 - Q2 HRA 2018 Allocation - 2nd Qtr	5/31/2018	Vendor# 1377				\$3,875.00	\$0.00	\$0.00	63
SF0-0600-0000-0000	ACCOUNTS PAYABLE			Fund SF0 AP Account	5/31/2018					\$0.00	\$250,248.27	\$0.00	67
SF0-3410-0401-0000	CONTRACTS			NORTH BOSTON FIRE COMPANY 2018 Contract - 2nd Pymt 2018 Contract - 2nd Pymt	5/31/2018	Fund SF0 AP Account Vendor# 401				\$82,451.50	\$0.00	\$0.00	59
SF0-3410-0401-0000	CONTRACTS			PATCHIN FIRE COMPANY 2018 Contract - 2nd Pymt 2018 Contract - 2nd Pymt	5/31/2018	Vendor# 1062				\$82,451.50	\$0.00	\$0.00	60
SF0-3410-0401-0000	CONTRACTS			BOSTON FIRE COMPANY INC 2018 Contract - 2nd pymt 2018 Contract 2nd Payment	5/31/2018	Vendor# 459				\$82,451.50	\$0.00	\$0.00	61
SF0-3410-0401-0000	CONTRACTS			PENFLEX, INC. 18-0389 Participant Fee & Benefit Directive	5/31/2018	Vendor# 240				\$2,893.77	\$0.00	\$0.00	4
SG0-0600-0000-0000	ACCOUNTS PAYABLE			Fund SGO AP Account	5/31/2018					\$0.00	\$47,451.40	\$0.00	70
SG0-8160-0401-0000	GARBAGE CONTRACTUAL BFI			WASTE MANAGEMENT 3720408-1342-3 Curb Disposal Services 6/1/18-6/30/18	5/31/2018	Fund SGO AP Account Vendor# 432				\$47,396.40	\$0.00	\$0.00	46
SG0-8160-0401-0000	GARBAGE CONTRACTUAL BFI			WASTE MANAGEMENT 3729920-1342-2 June Dumpster Service	5/31/2018	Vendor# 432				\$55.00	\$0.00	\$0.00	47
SM0-0600-0000-0000	ACCOUNTS PAYABLE			Fund SM0 AP Account	5/31/2018					\$0.00	\$34.99	\$0.00	68
SM0-4540-0400-0000	CONTRACTUAL			TIME WARNER CABLE 170137302052018 Service from 5/29/18-6/28/18	5/31/2018	Fund SM0 AP Account Vendor# 1242				\$34.99	\$0.00	\$0.00	12

June 13, 2018 - ABSTRACT



Town of Boston
Journal Proof Report
Fiscal Year: 2017 - 2018

Created By: accounting

Journal Number: AP - 820		Journal Desc: AP Batch 23		Journal Date: 5/31/2018		Account Period: 5 - May		Status: Currently Active	
Account#	Account Description	Trans Description	Date	Reference	Debit	Credit	ENCLOSURE	Seq #	
Total Number of 70 Transactions									
AP - 820 Summary By Fund Number									
Fund	Debit	Credit	ENCLOSURE						
A00	\$22,253.54	\$22,253.54	\$0.00						
DB0	\$14,311.30	\$14,311.30	\$0.00						
SF0	\$250,248.27	\$250,248.27	\$0.00						
SG0	\$47,451.40	\$47,451.40	\$0.00						
SM0	\$34.99	\$34.99	\$0.00						
Total	\$334,299.50	\$334,299.50	\$0.00						

No Errors

Town of Boston
Income Statement: 2017 - 2018
For the Period Ending 5/31/2018

General						
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD	
Revenues						
A00-1001-0000-0000	REAL PROPERTY TAXES	\$ 190,822	\$ 190,822	\$ 190,822	100.00%	
A00-1030-0000-0000	SPECIAL ASSESSMENTS			3,243	100.00%	
A00-1090-0000-0000	INT. & PENALTIES REAL PROP. TAX	10,000	10,000	8,497	84.97%	
A00-1120-0000-0000	NONPROPERTY TAX DISTRIB BY CTY	780,000	780,000	370,136	47.45%	
A00-1170-0000-0000	FRANCHISES	85,000	85,000	97,243	114.40%	
A00-1255-0000-0000	CLERK FEES	1,500	1,500	865	57.68%	
A00-1550-0000-0000	DOG CONTROL FEES	300	300	60	20.00%	
A00-1972-0000-0000	PROGRAM FOR AGING	500	500	402	80.45%	
A00-2001-0000-0000	PARK & RECREATION INCOME	60,000	60,000	19,755	32.93%	
A00-2025-0000-0000	SPECIAL RECREATIONAL FACILITY	200	200	1,150	575.00%	
A00-2089-0000-0000	CULTURAL & REC INCOME	1,800	1,800	2,100	116.67%	
A00-2110-0000-0000	ZONING INCOME	1,200	1,200	900	75.00%	
A00-2401-0000-0000	INTEREST AND EARNINGS	2,500	2,500	9,421	376.83%	
A00-2410-0000-0000	RENT / REAL PROP INCOME	81,600	81,600	27,200	33.33%	
A00-2530-0000-0000	GAMES OF CHANCE INCOME	-	-	72	100.00%	
A00-2544-0000-0000	DOG LICENSES	1,700	1,700	1,545	90.88%	
A00-2545-0000-0000	LICENSES- OTHER	200	200	300	150.00%	
A00-2555-0000-0000	BUILDING PERMIT INCOME	15,000	15,000	1,905	12.70%	
A00-2590-0000-0000	OTHER PERMIT INCOME	2,000	2,000	90	4.50%	
A00-2610-0000-0000	FINES/FORFEITED BAIL	110,000	110,000	67,997	61.82%	
A00-2705-0000-0000	GIFTS AND DONATIONS	4,000	4,000	50	1.25%	
A00-2709-0000-0000	EMPLOYEE CONTRIBUTIONS	8,000	8,000	-	0.00%	
A00-2770-0000-0000	OTHER UNCLASSIFIED REVENUES	-	-	1,535	100.00%	
A00-3001-0000-0000	STATE AID - PER CAPITA	49,689	49,689	-	0.00%	
A00-3005-0000-0000	STATE AID - MORTGAGE TAX	120,000	120,000	-	0.00%	
A00-3060-0000-0000	STATE AID - RECORDS	10,000	10,000	-	0.00%	
A00-3089-0000-0000	STATE AID- OTHER	-	-	200	100.00%	
A00-3897-0000-0000	CULTURAL GRANTS	1,500	1,500	-	0.00%	
Expenditures						
A00-1010-1000-0000	TOWN BOARD-PER SVC	\$ 34,000	\$ 34,000	\$ 11,333	33.33%	
A00-1010-4000-0000	TOWN BD-CONTR	5,000	5,000	1,661	33.22%	
A00-1110-1000-0000	TOWN JUSTICE- PER SVC	103,770	103,770	41,406	39.90%	
A00-1110-2000-0000	JUSTICE - EQUIP	1,000	1,000	-	0.00%	
A00-1110-4000-0000	TOWN JUSTICE-CONTR	6,000	6,000	703	11.72%	
A00-1220-0100-0000	SUPERVISOR- PER SVC	69,814	69,814	34,444	49.34%	
A00-1220-0200-0000	SUPERVISOR- EQUIP	3,000	3,000	-	0.00%	
A00-1220-0400-0000	SUPERVISOR- CONTR	4,000	4,000	2,153	53.84%	
A00-1321-0400-0000	ACCOUNTANT-CONTRACTUAL	50,000	50,000	56,310	112.62%	
A00-1321-0401-0000	ACCOUNTING FEES	-	-	1,386	100.00%	
A00-1340-0100-0000	BUDGET DIRECTOR- PER SVC	3,500	3,500	1,346	38.46%	
A00-1355-0100-0000	ASSESSOR-PERSONAL SVC	62,224	62,224	24,872	39.97%	
A00-1355-0401-0000	ASSESSOR- CONTR	4,000	4,000	3,985	99.63%	
A00-1410-0100-0000	TOWN CLERK- PER SVC	59,224	59,224	26,927	45.47%	
A00-1410-0401-0000	TOWN CLERK- CONTR	5,100	5,100	3,075	60.29%	
A00-1420-0100-0000	TOWN ATTORNEY- PER SVC	40,000	40,000	6,239	15.60%	
A00-1420-0200-0000	ATTORNEY- EQUIPMENT	3,500	3,500	-	0.00%	
A00-1420-0401-0000	ATTORNEY- CONTR	9,800	9,800	20,602	210.22%	
A00-1440-0400-0000	ENGINEER- CONTR	32,000	32,000	7,800	24.38%	
A00-1460-0100-0000	RECORDS MGT- PER SVC	250	250	-	0.00%	
A00-1460-0200-0000	RECORDS MGT- EQUIP	940	940	-	0.00%	
A00-1460-0401-0000	RECORDS MGT- CONTR	6,000	6,000	-	0.00%	
A00-1620-0101-0000	BUILDINGS- PER SVC	23,636	23,636	6,588	27.87%	
A00-1620-0200-0000	BUILDINGS- EQUIP	50,000	50,000	600	1.20%	
A00-1620-0400-0000	BUILDINGS- CONTR	100,000	100,000	25,076	25.08%	
A00-1650-0200-0000	CENTR COMM- EQUIP	15,000	15,000	-	0.00%	
A00-1650-0400-0000	CENT COMMUNICATIONS- CONTR	25,150	25,150	8,765	34.85%	
A00-1670-0403-0000	CENT PRINT/MAIL- CONTR	15,000	15,000	5,189	34.60%	
A00-1910-0000-0000	UNALLOCATED INSURANCE	60,000	60,000	67,785	112.98%	
A00-1920-0000-0000	MUNICIPAL ASSOCIATION DUES	3,500	3,500	1,725	49.29%	
A00-1930-0000-0000	JUDGEMENT AND CLAIMS	1,300	1,300	410	31.51%	
A00-1950-0000-0000	TAXES & ASSESSMNTS ON PROPERTY	3,250	3,250	3,443	105.93%	
A00-1989-0400-0000	OTHER GENERAL GOVT SUPPORT	15,000	15,000	6,298	41.99%	
A00-1990-0000-0000	CONTINGENT ACCOUNT	87,265	87,265	-	0.00%	
A00-3310-0400-0000	TRAFFIC CONTROL-CONTR	2,000	2,000	609	30.44%	
A00-3510-0100-0000	DOG CONTROL- PER SVC	11,271	11,271	4,510	40.01%	
A00-3510-0400-0000	DOG CONTROL- CONTR	2,384	2,384	494	20.71%	
A00-3620-0100-0000	SAFETY INSPECT-PER SVC	23,500	23,500	11,357	48.33%	
A00-3620-0400-0000	SAFETY INSPECT- CONTR	900	900	192	21.33%	
A00-5010-0100-0000	HIGHWAY SUPT-PER SVC	81,441	81,441	31,484	38.66%	
A00-5010-0400-0000	HIGHWAY SUPT-CONTR	4,500	4,500	979	21.74%	
A00-5132-0400-0000	GARAGE-CONTR	25,000	25,000	12,282	49.13%	
A00-5182-0400-0000	STREET LIGHTING-CONTR	20,000	20,000	7,804	39.02%	
A00-6772-0100-0000	PROGRAM FOR AGING-PER SVC	18,078	18,078	6,618	36.61%	
A00-6772-0400-0000	PROGRAMS FOR AGING-CONTR	6,200	6,200	1,857	29.96%	
A00-7110-0100-0000	PARKS- PER SVC	85,279	85,279	24,218	28.40%	
A00-7110-0201-0000	EQUIPMENT	10,000	10,000	16,307	163.07%	
A00-7110-0400-0000	PARKS- CONTR	15,000	15,000	3,147	20.98%	
A00-7140-0100-0000	PLAY & REC CTR-PER SVC	4,461	4,461	1,808	40.53%	
A00-7140-0400-0000	PLAY & REC CTR-CONTR	750	750	-	0.00%	

A00-7270-0400-0000	BAND CONCERTS- CONTR	4,450	4,450	-	0.00%
A00-7310-0100-0000	YOUTH PROGRAMS-PER SVC	93,591	93,591	6,875	7.35%
A00-7310-0200-0000	RECREATION- EQUIPMENT	1,000	1,000	-	0.00%
A00-7310-0400-0000	YOUTH PROGRAMS-CONTR	23,504	23,504	301	1.28%
A00-7510-0401-0000	HISTORIAN- CONTR	4,050	4,050	887	21.91%
A00-7520-0400-0000	HISTORIAN PROP-CONTR	2,600	2,600	-	0.00%
A00-7550-0400-0000	CELEBRATIONS- CONTR	21,500	21,500	1,054	4.90%
A00-7620-0400-0000	ADULT REC- BOSTON SRS.	13,000	13,000	5,716	43.97%
A00-7620-0402-0000	ADULT REC- BOS YOUNG @ HEART	13,000	13,000	4,282	32.94%
A00-7989-0400-0000	OTHER CULTURE/REC- CONTR	-	-	1,000	100.00%
A00-8010-0100-0000	ZONING- PER SVC	4,000	4,000	-	0.00%
A00-8010-0400-0000	ZONING-CONTR	12,000	12,000	2,295	19.13%
A00-8020-0100-0000	PLANNING-PER SVC	3,500	3,500	-	0.00%
A00-8020-0200-0000	PLANNING-EQUIPMENT	3,200	3,200	-	0.00%
A00-8020-0400-0000	PLANNING- CONTR	8,500	8,500	740	8.71%
A00-8510-0400-0000	COMMUNITY BEAUTIFICATION-CONTR	2,000	2,000	-	0.00%
A00-8540-0400-0000	DRAINAGE-CONTR	40,000	40,000	-	0.00%
A00-8710-0100-0000	CONSERVATION-PER SVC	930	930	-	0.00%
A00-8710-0400-0000	CONSERVATION- CONTR	2,600	2,600	312	12.01%
A00-8745-0400-0000	FLOOD & EROSION CONTROL-CONTRA	40,000	40,000	-	0.00%
A00-8810-0100-0000	CEMETERY- PER SVC.	300	300	-	0.00%
A00-8810-0400-0000	CEMETERY-CONTRACTUAL	610	610	-	0.00%
A00-8989-0400-0000	OTHER HOME/COM SVC-CONTR	50,000	50,000	-	0.00%
A00-9010-0800-0000	STATE RETIREMENT	81,399	81,399	73,055	89.75%
A00-9030-0800-0000	SOCIAL SECURITY	65,000	65,000	18,649	28.69%
A00-9040-0800-0000	WORKERS' COMPENSATION	10,000	10,000	12,915	129.15%
A00-9050-0800-0000	UNEMPLOYMENT INSURANCE	5,000	5,000	3,009	60.18%
A00-9055-0800-0000	DISABILITY INSURANCE	500	500	201	40.16%
A00-9060-0800-0000	HOSPITAL AND MEDICAL INSURANCE	30,000	30,000	10,407	34.69%
A00-9730-0600-0000	BAN PRINCIPAL	40,000	40,000	40,000	100.00%
A00-9730-0700-0000	BAN INTEREST	28,290	28,290	14,080	49.77%

Highway					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
DB0-1001-0000-0000	REAL PROPERTY TAX	\$ 756,028	\$ 756,028	\$ 756,028	100.00%
DB0-1120-0000-0000	NON-PROPERTY TAX DIST. BY CNTY	225,000	225,000	-	0.00%
DB0-2401-0000-0000	INTEREST AND EARNINGS	1,100	1,100	4,523	411.17%
DB0-2650-0000-0000	SALE OF SCRAP	-	-	388	100.00%
DB0-2680-0000-0000	INSURANCE RECOVERIES	-	-	2,883	100.00%
DB0-2709-0000-0000	EMPLOYEES CONTRIBUTIONS	2,000	2,000	-	0.00%
DB0-2770-0000-0000	OTHER UNCLASSIFIED	-	-	1,126	100.00%
DB0-2770-1000-0000	OTHER UNCLASSIFIED - FUEL REIMBURSEMENTS	-	-	704	100.00%
DB0-2801-0000-0000	INTERFUND REVENUES	50,000	50,000	-	0.00%
DB0-3501-0000-0000	STATE AID	83,196	83,196	-	0.00%
<i>Expenditure</i>					
DB0-5110-0100-0000	GENERAL REPAIRS-PER SVC	\$ 204,873	\$ 204,873	\$ 54,852	26.77%
DB0-5110-0400-0000	GENERAL REPAIRS-CONTR	203,647	203,647	6	0.00%
DB0-5110-0410-0000	GEN REPAIRS-FUEL & DIESEL	42,000	42,000	15,867	37.78%
DB0-5110-0420-0000	GEN REPAIRS- DRAINAGE	25,000	25,000	2,330	9.32%
DB0-5112-0200-0000	CAPITAL OUTLAY	83,196	83,196	-	0.00%
DB0-5130-0200-0000	MACHINERY- EQUIPMENT	10,000	17,361	17,361	173.61%
DB0-5130-0400-0000	MACHINERY- CONTRACTUAL	80,000	80,000	24,447	30.56%
DB0-5140-0400-0000	MISC BRUSH & WEEDS-CONTRACTUAL	4,250	4,250	175	4.12%
DB0-5142-0100-0000	SNOW REMOVAL-PER SVC	91,414	91,414	48,192	52.72%
DB0-5142-0400-0000	SNOW REMOVAL- CONTRACTUAL	79,000	79,000	23,940	30.30%
DB0-5148-0100-0000	SNOW REMOVAL-OTHER GOVT-PS	91,414	91,414	48,192	52.72%
DB0-5148-0400-0000	SNOW REMOVAL-OTHER GOVT- CONTR	79,000	79,000	23,941	30.30%
DB0-9010-0800-0000	STATE RETIREMENT	43,830	43,830	52,174	119.04%
DB0-9030-0800-0000	SOCIAL SECURITY	30,000	30,000	12,072	40.24%
DB0-9040-0800-0000	WORKERS' COMPENSATION	23,500	23,500	23,395	99.55%
DB0-9060-0800-0000	HOSPITAL AND MEDICAL INSURANCE	101,200	101,200	37,557	37.11%

Water #1					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
HA0-1001-0000-0000	REAL PROPERTY TAX	\$ 80,398	\$ 80,398	\$ 80,398	100.00%
HA0-2401-0000-0000	INTEREST EARNINGS	-	-	188	100.00%
<i>Expenditure</i>					
HA0-8340-0400-0000	CONTRACTUAL	\$ 35,489	\$ 35,489	\$ 29,748	83.82%
HA0-9730-0600-0000	BAN'S- PRINCIPAL	36,746	36,746	36,745	100.00%
HA0-9730-0700-0000	BAN'S- INTEREST	8,163	8,163	8,163	100.00%

Water #2					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
HBO-1001-0000-0000	REAL PROPERTY TAX	\$ 51,214	\$ 51,214	\$ 51,214	100.00%
HBO-2401-0000-0000	INTEREST & EARNINGS	-	-	309	100.00%
<i>Expenditure</i>					
HBO-8340-0400-0000	CONTRACTUAL	\$ 20,401	\$ 20,401	\$ 13,025	63.84%
HBO-9730-0600-0000	BAN'S - PRINCIPAL	28,140	28,140	-	0.00%
HBO-9730-0700-0000	BAN INTEREST	2,673	2,673	-	0.00%

Water #3					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
HCO-1001-0000-0000	REAL PROPERTY TAX	\$ 246,739	\$ 247,338	\$ 247,338	100.24%
HCO-2401-0000-0000	INTEREST AND EARNINGS			3,095	100.00%

<i>Expenditure</i>					
HCO-8340-0400-0000	CONTRACTUAL	\$ 23,445	\$ 23,445	\$ 17,045	72.70%
HCO-9730-0600-0000	BAN'S- PRINCIPAL	95,500	95,500	-	0.00%
HCO-9730-0700-0000	BAN INTEREST	127,794	127,794	64,633	50.58%

Water Ext 1					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
HDO-1001-0000-0000	REAL PROPERTY TAX	\$ 3,000	\$ 3,000	\$ 3,000	100.00%
HDO-2401-0000-0000	INTEREST AND EARNINGS			149	
<i>Expenditure</i>					
HDO-8340-0400-0000	CONTRACTS	\$ 3,000	\$ 3,000	\$ 687	22.91%

Water Ext 2					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
HEO-1001-0000-0000	REAL PROPERTY TAX	\$ 28,835	\$ 28,835	\$ 28,835	100.00%
HEO-2401-0000-0000	INTEREST AND EARNINGS			268	
<i>Expenditure</i>					
HEO-8340-0400-0000	CONTRACTUAL	\$ 7,001	\$ 7,001	-	0.00%
HEO-9730-0600-0000	BAN- PRINCIPLE	19,940	19,940	-	0.00%
HEO-9730-0700-0000	BAN INTEREST	1,894	1,894	-	0.00%

Water #3 Ext. 1					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
HFO-1001-0000-0000	REAL PROPERTY TAX	\$ 10,969	\$ 10,969	\$ 10,969	100.00%
HFO-2401-0000-0000	INTEREST AND EARNINGS			86	
<i>Expenditure</i>					
HFO-8340-0400-0000	CONTRACTUAL	\$ 2,094	\$ 2,094	-	0.00%
HFO-9730-0600-0000	PRINC PMTS- BANS	6,250	6,250	-	0.00%
HFO-9730-0700-0000	INTEREST PMTS, BANS	2,625	2,625	-	0.00%

Lighting					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
L30-1001-0000-0000	REAL PROPERTY TAX	\$ 16,096	\$ 16,096	\$ 16,096	100.00%
L30-2401-0000-0000	INTEREST AND EARNINGS			123	
<i>Expenditure</i>					
L30-5182-0401-0000	CONTRACTS	\$ 16,096	\$ 16,096	\$ 15,450	95.98%

Fire					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
SFO-1001-0000-0000	REAL PROPERTY TAX	\$ 753,117	\$ 753,117	\$ 753,117	100.00%
SFO-2401-0000-0000	INTEREST EARNINGS			1,491	
<i>Expenditure</i>					
SFO-3410-0401-0000	CONTRACTS	\$ 535,000	\$ 535,000	\$ 254,090	47.49%
SFO-9025-0800-0000	SERVICE AWARDS PROGRAM	150,000	150,000	-	0.00%
SFO-9040-0800-0000	WORKERS COMP INSURANCE	68,117	68,117	37,158	54.55%

Refuse					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
SGO-1001-0000-0000	REAL PROPERTY TAX	\$ 580,920	\$ 580,920	\$ 580,920	100.00%
SGO-2130-0000-0000	REFUSE AND GARBAGE CHARGES			362	100.00%
SGO-2401-0000-0000	INTEREST EARNINGS			1,317	
<i>Expenditure</i>					
SGO-8160-0401-0000	GARBAGE CONTRACTUAL BFI	\$ 588,000	\$ 588,000	\$ 237,260	40.35%

Ambulance					
Account Number	Account Description	Original Approp Amount	Estimated Rev/Exp	YTD	% YTD
<i>Revenue</i>					
SMO-1001-0000-0000	REAL PROPERTY TAX	\$ 83,675	\$ 83,675	\$ 83,675	100.00%
SMO-1120-0000-0000	NONPROPERTY TAX DISTRIBUTION	10,000	10,000	-	0.00%
SMO-2401-0000-0000	INTEREST INCOME			192	
<i>Expenditure</i>					
SMO-4540-0400-0000	CONTRACTUAL	\$ 53,560	\$ 53,560	\$ 41,112	76.76%
SMO-9025-0800-0000	LOCAL PENSION FUND	19,000	19,000	18,086	95.19%
SMO-9040-0800-0000	WORKER'S COMP	11,000	11,000	10,385	94.41%
SMO-9730-0600-0000	BAN'S PRINCIPAL	11,300	11,300	-	0.00%
SMO-9730-0700-0000	BAN'S INTEREST	3,124	3,124	-	0.00%

AN OVERVIEW OF NYSDEC's NEW SOLID WASTE REGULATIONS

What to do with Excavated Material from Municipal Maintenance Activities & Construction

June 13, 2018
2:00 PM

Orchard Park Town Hall
Lower Level Conference Room—Enter from rear of building
4295 South Buffalo Street
Orchard Park, NY 14127

Kathleen Prather, P.E.
Section Chief
NYS Department of Environmental Conservation
Solid Waste Management Facility and Planning Section
Division of Materials Management

Kathy Prather is an engineer with the New York State Department of Environmental Conservation (DEC) with over fifteen years' experience in DEC's solid waste program. Ms. Prather will present an overview of the new Part 360 Series NYS Solid Waste Regulations with focus on **rules that affect day-to-day public works operations**, including storage, transport, reuse, and disposal of excavation spoils, construction & demolition debris, dredged material, blacktop, concrete, and more!

There is no cost for attending

Please RSVP to Mary MacSwan
mary.macswan@erie.gov or 716-858-7583



Department of
Environmental
Conservation



WNY
Stormwater
Coalition



Enclosed is an announcement for an informational meeting on new solid waste regulations that affect municipal operations. The presentation, entitled “ **An Overview of NYSDEC’s New Solid Waste Regulations: What to do with Excavated Material from Municipal Maintenance Activities & Construction**” explains how the regulations affect day-to-day public works operations, including storage, transport, reuse, and disposal of excavation spoils, construction & demolition debris, dredged material, blacktop, concrete, and more

Please distribute one copy each to your Highway/Public Works Superintendent and Engineering Department. If possible, post the additional copy on your web page, in your municipal hall and announce at one of your public meetings if possible.

Please contact me for an electronic version of the announcement if preferred.

Thank you-

Mary MacSwan

Erie County DEP / Western NY Stormwater Coalition

716-858-7583

mary.macswan@erie.gov

RECEIVED
BOSTON TOWN CLERK

2018 JUL 23 AM 11:16



Boy Scouts of America
Troop 491
Boston, NY

Jason Keding, Supervisor
Sandra Quinlan, Town Clerk
8500 Boston State Rd
Boston, NY 14025

Dears Sir and Madam:

We are respectfully requesting a return of our deposit, for use of the town hall's community room this February, where we held our annual Boy Scout breakfast fundraiser.

It has been customary in the past, to refund the deposit, when we leave the room in the same condition. Please let me know if we can expect a refund of our deposit, so I can account for this in our finances of the Troop.

Yours in Scouting,

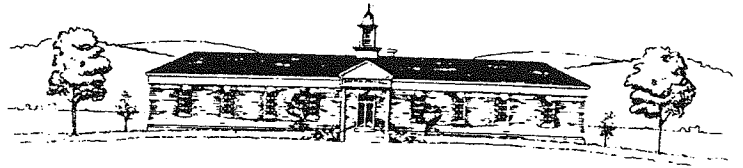
Jay Jackson
Chairman
Troop 491

BOSTON PLANNING BOARD

TOWN HALL
PHONE: (716) 941-6113

8500 BOSTON STATE ROAD

BOSTON, NEW YORK 14025-9648
FAX: (716) 941-6116



June 6, 2018

Paul Ziarnowski
Chairman
James Liegl
Vice Chairman
Elizabeth Schutt
Secretary

Supervisor Keding
8500 Boston State Road
Boston, N.Y. 14025

RECEIVED
BOSTON TOWN CLERK
2018 JUN -6 AM 10:15

Dear Supervisor Keding:

The Planning Board meeting scheduled for Tuesday, June 12, 2018 is being cancelled due to the lack of agenda items.

The next regularly scheduled meeting is Tuesday, July 10, 2018, at 7:30 P.M. in the Planning Board room.

No summer schedule has been set for Planning Board.

Very truly yours,

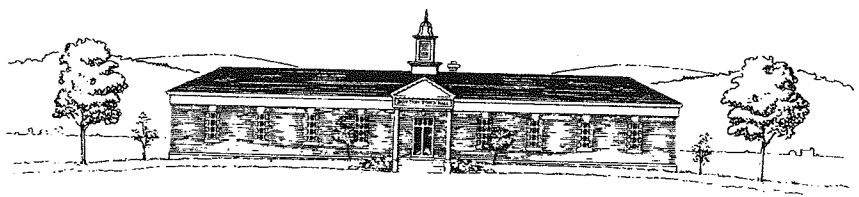
Paul Ziarnowski
Paul Ziarnowski
Chairman

cc: Planning Board Members
Town Clerk office
Town Board members
Town Board Liaison
Highway Superintendent Telaak
Town Attorney Costello
Code Enforcement Officer Ferguson
Assessor Fitzner
Town Engineer James Hannon
Planning Consultant desJardins

PZ:tf

David Bowen
Keith Pelkey
David Stringfellow

Jennifer Lucachik
Liaison
Sean Costello
Legal Counsel
Sarah desJardins
Planning Consultant
James Hannon
Town Engineer



TOWN OF BOSTON

Vince Mangino
Chairman
Sharon Stuart
Financial Secretary

May 24, 2018

RE: Summer Schedule

Don Buckley
Nick Huson
Scott Johnson
Renne Siepierski

Boston Town Board
Town Clerk Quinlan
8500 Boston State Road
Boston, NY 14025

Mike Caretchine
Liaison

Dear Mrs. Quinlan and Town Board members:

The Conservation Advisory Council at its meeting on Wednesday, May 22, 2018 set the following summer schedule for 2018.

By motion and unanimous vote of the members present 'cancel June and July meetings, meet in August and early September to finalize L.E.A.F. details, and *if necessary* we will meet in July.'

Also to advise you we are polling the members to determine what night and time is best suited to busy schedules. You will be advised once this is determined.

Yours truly,

Vincent Mangino *tf*

Vincent Mangino
Chairman

VM:tf

RECEIVED
BOSTON TOWN CLERK
MAY 25 11 09 39



JUN 6 AM 10:01

June 5, 2018

To Whom It May Concern:

The weekend of July 14 and 15, 2018 we will be celebrating our 25th anniversary with a family friendly party for our community. We have a lot of spectacular activities envisioned for this weekend, including a chicken barbeque and petting zoo. It will be a time to celebrate our hard work and achievements with our Southtowns Feeds & Needs family.

The safety of our staff, patrons, and community is of the utmost importance to us. We are anticipating a lot of additional traffic on what already is a very busy, fast-paced road. Any recommendations or support for making this event a fun and safe success are greatly appreciated.

Thank you in advance for any consideration you have in supporting our 25th anniversary. If you should have any questions, please feel free to contact us at (716) 648-4600.

Sincerely,

Mark S. Witkowski

Mark Witkowski

RECEIVED
BOSTON TOWN CLERK
JUL 20 2018

TOWN OF BOSTON

APPLICATION FOR USE OF FACILITY

This Application is subject to Approval by the Town Board

*****Application, deposit, plans, layouts and any additional proof from other agencies must be completed and submitted at time of application. Must be a Boston Resident to request use.*****

Name/Organization Gene Wiecekowski Date 5/17/18

Name of person responsible for facilities _____
Title _____

Applicant Address 8538 Boston State Rd

Applicant Daytime Phone # [REDACTED] # Of Attendees: 50 ish

Date(s) Requested* July 20, 2018 Time _____ Type of Event graduation party
Set Up NOON Take Down 10:00 pm

Sporting Leagues — Please attach Schedule

****Certificate of Insurance from your organization must be submitted at least 1 week before your 1st sporting event****

*****Please confirm that your dates do not conflict with any Sporting Leagues*****

Baseball—Josh Haeick	649-6170	Football—Brian Reader	544-4655
Soccer—Nicole Rooney	422-0023		

I, THE UNDERSIGNED, REQUEST PERMISSION TO USE THE FOLLOWING: (check all that apply)

<input type="checkbox"/> South Boston Park Shelter	<input checked="" type="checkbox"/> Boston Town Park
<input type="checkbox"/> Town Hall Community Room w/ Kitchen	<input checked="" type="checkbox"/> Lions Shelter
<input type="checkbox"/> Other _____	<input type="checkbox"/> Small Shelter
	<input checked="" type="checkbox"/> Bathroom Facilities
	<input type="checkbox"/> Town Fields

WILL YOUR EVENT HAVE ANY OF THE FOLLOWING: (Check all that apply)

<input type="checkbox"/> Parade	- Who will provide traffic control? _____ (Submit proof in writing from that agency at time of application)
<input type="checkbox"/> Parking (over 50)	- Please submit parking Plan: _____ (This must be approved by Park's Superintendent before submittal to Town Clerk with application)
<input type="checkbox"/> Rides	(Certificate of Insurance from your insurance company must be submitted 1 week before use begins)
<input type="checkbox"/> Fireworks	(Certificate of Insurance from Firework Vendor must be submitted 1 week before your event)
	- Who will provide Fire Stand By? _____ (Submit proof in writing from that agency at time of application)
<input type="checkbox"/> Vendors (over 5)	- Please submit Layout _____ (This must be approved by Park's Superintendent before submittal to Town Clerk with application)
<input type="checkbox"/> Other	- Please indicate on your plan _____ (This must be approved by Park's Superintendent before submittal to Town Clerk with application)

Alcoholic Beverages:
(IF SERVING ALCOHOL, CHECK ALL
THAT APPLY)

Are you serving alcohol?
Are you having a Private Party?
Are you having a Public Special Event?

☒ Yes
☒ Yes
☐ Yes

☒ No
☐ No
☒ No

PLEASE NOTE:

ALL parties must submit a Certificate of Insurance 1 week before your event.
Public Special Events serving alcohol must also submit a copy of your NYS Liquor
License 1 week before your event.

Certificates of Insurance: You must list the Town of Boston as additionally insured and the dates of the event must be on the Certificate of Insurance. Your insurance agent can help you with this. The following is a list of Liability amounts needed:

Private Party (Host Liquor)	\$ 500,000
Public Special Event (Liquor Legal)	\$1,000,000
Ride Vendor	\$1,000,000
Fireworks	\$1,000,000
Sporting Leagues	\$1,000,000

FEES & DEPOSIT: A \$100 deposit/processing fee and \$25 per day bathroom use fee must be included with this application. These funds will be utilized to cover the cost of bathroom supplies, final clean up and administrative costs. A refund of \$50 will be returned when facilities are cleaned to the satisfaction of the inspecting authority and, if applicable, return of keys.

KEYS: Keys may be picked up on the business day before the scheduled event and should be returned the first business day immediately following.

COMMUNITY EVENTS SIGN: If your organization needs to use the Community Announcement sign near the Emergency Squad Bldg, the "Request to use Coming Events Sign" application must be completed and submitted to the Highway/Parks Dept. This form can be obtained from the Town Clerk's Office or at www.townofboston.com.

Requests may be submitted after September 1st the year before your event.

I agree that all facilities used will be properly cleaned to the best of my ability upon completion of the event and that I will be responsible for any damages caused to any of the facilities or grounds. I will submit to the Town Clerk all Certificates of Insurance and NYS Liquor License if necessary at least 1 week prior to my event. I have contacted the above mentioned sporting leagues and there are no conflicts with dates.

SIGNATURE OF APPLICANT: 

Upon Completion, please submit to Town Clerk

DEPOSIT AND FEE REC'D 5/29/18 APPROVED/DENIED : _____
Ch. # 3399 \$125.00 (date) (date)

INSPECTION: _____ DEPOSIT RETURNED: _____
(date) (date)

TOWN OF BOSTON
APPLICATION FOR USE OF FACILITY

RECEIVED
BOSTON TOWN CLERK

2018 JUN 7 AM 9:09

This Application is subject to Approval by the Town Board

Application, deposit, plans, layouts and any additional proof from other agencies must be completed and submitted at time of application. Must be a Boston Resident to request use.

Name/Organization Town of Boston - Recreation Dept. Date 5/29/18

Name of person responsible for facilities Tony Zennaro
Title Recreation Director

Applicant Address 6540 Hillcroft Dr.

Applicant Daytime Phone # (716) 777-1772 # Of Attendees: 100 +

Date(s) Requested* July 10, 17, 24, 31 Time 5:00pm - 9:00pm Type of Event Concert

Set Up July 24 - Town Band - chairs Take Down _____

Sporting Leagues — Please attach Schedule

****Certificate of Insurance from your organization must be submitted at least 1 week before your 1st sporting event****

*****Please confirm that your dates do not conflict with any Sporting Leagues*****

Baseball—Josh Haeick 649-6170 Football—Brian Reader 544-4655
Soccer—Nicole Rooney 422-0023

I, THE UNDERSIGNED, REQUEST PERMISSION TO USE THE FOLLOWING: (check all that apply)

<input type="checkbox"/> South Boston Park Shelter	<input checked="" type="checkbox"/> Boston Town Park
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<input type="checkbox"/> Other _____	<input type="checkbox"/> Small Shelter
	<input checked="" type="checkbox"/> Bathroom Facilities
	<input type="checkbox"/> Town Fields

WILL YOUR EVENT HAVE ANY OF THE FOLLOWING: (Check all that apply)

<input type="checkbox"/> Parade	- Who will provide traffic control? _____ (Submit proof in writing from that agency at time of application)
<input checked="" type="checkbox"/> Parking (over 50)	- Please submit parking Plan: _____ (This must be approved by Park's Superintendent before submittal to Town Clerk with application)
<input type="checkbox"/> Rides	(Certificate of Insurance from your insurance company must be submitted 1 week before use begins)
<input type="checkbox"/> Fireworks	(Certificate of Insurance from Firework Vendor must be submitted 1 week before your event)
	- Who will provide Fire Stand By? _____ (Submit proof in writing from that agency at time of application)
<input type="checkbox"/> Vendors (over 5)	- Please submit Layout _____ (This must be approved by Park's Superintendent before submittal to Town Clerk with application)
<input type="checkbox"/> Other	- Please indicate on your plan _____ (This must be approved by Park's Superintendent before submittal to Town Clerk with application)

Alcoholic Beverages:
(IF SERVING ALCOHOL, CHECK ALL
THAT APPLY)

Are you serving alcohol? ☐ Yes ☐ No
Are you having a Private Party? ☐ Yes ☐ No
Are you having a Public Special Event? ☐ Yes ☐ No

PLEASE NOTE: ALL parties must submit a Certificate of Insurance 1 week before your event.
Public Special Events serving alcohol must also submit a copy of your NYS Liquor
License 1 week before your event.

Certificates of Insurance: You must list the Town of Boston as additionally insured and the dates of the event must be on the Certificate of Insurance. Your insurance agent can help you with this. The following is a list of Liability amounts needed:

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Sporting Leagues	\$1,000,000

FEES & DEPOSIT: A **\$100** deposit/processing fee and **\$25** per day bathroom use fee must be included with this application. These funds will be utilized to cover the cost of bathroom supplies, final clean up and administrative costs. A refund of **\$50** will be returned when facilities are cleaned to the satisfaction of the inspecting authority and, if applicable, return of keys.

KEYS: Keys may be picked up on the business day before the scheduled event and should be returned the first business day immediately following.

COMMUNITY EVENTS SIGN: If your organization needs to use the Community Announcement sign near the Emergency Squad Bldg, the "Request to use Coming Events Sign" application must be completed and submitted to the Highway/Parks Dept. This form can be obtained from the Town Clerk's Office or at www.townofboston.com.

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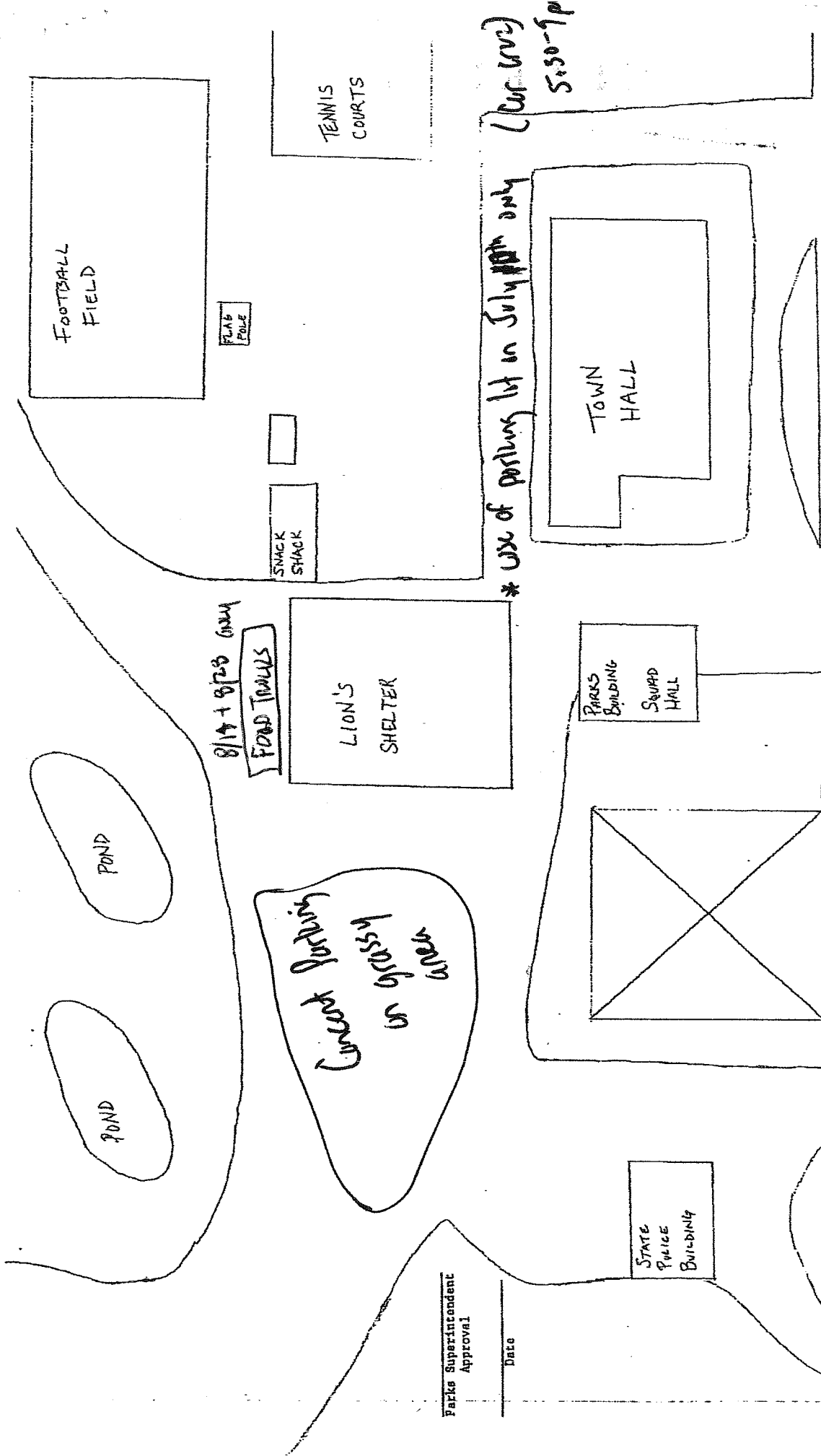
SIGNATURE OF APPLICANT: _____

Anthony Zil - Recreation Director

Upon Completion, please submit to Town Clerk

DEPOSIT AND FEE REC'D _____ APPROVED/DENIED : _____
(date) (date)

INSPECTION: _____ DEPOSIT RETURNED: _____
(date) (date)



Parks Superintendent
Approval

Date

TOWN OF BOSTON
APPLICATION FOR USE OF FACILITY

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*****Application, deposit, plans, layouts and any additional proof from other agencies must be completed and submitted at time of application. Must be a Boston Resident to request use. *****

Name/Organization Boston Town Board Date 6 / 8 / 18

Name of person responsible for facilities Jason Keding
Title Supervisor

Applicant Address 8500 Boston State Road

Applicant Daytime Phone # 941-6518 # Of Attendees: <100

Date(s) Requested* 7/14/18 Time 9AM Type of Event community
Set Up _____ Take Down _____ safety/info

Sporting Leagues — Please attach Schedule

****Certificate of Insurance from your organization must be submitted at least 1 week before your 1st sporting event****

*****Please confirm that your dates do not conflict with any Sporting Leagues*****

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(IF SERVING ALCOHOL, CHECK ALL
THAT APPLY)

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Are you having a Private Party?
Are you having a Public Special Event?

____ Yes X No
____ Yes X No
____ Yes X No

PLEASE NOTE: ALL parties must submit a Certificate of Insurance 1 week before your event.
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SIGNATURE OF APPLICANT: Elysebeth A. Huson - Confidential Secretary

Upon Completion, please submit to Town Clerk

DEPOSIT AND FEE REC'D _____ APPROVED/DENIED : _____
(date) (date)

INSPECTION: _____ DEPOSIT RETURNED: _____
(date) (date)



PYROTECHNIC DISPLAY AND SERVICES AGREEMENT

THIS PYROTECHNIC DISPLAY AND SERVICES AGREEMENT (hereinafter referred to as "agreement"), made and entered into this 24th day of May, 2018 by and between SKYLIGHTERS of New York LLC, (here in after referred to as "SELLER") and Town of Boston (Herein after referred to as "BUYER").

X This is a one year agreement

 This is a three year agreement, starting on the below dates and time. Agreement binds BUYER to use SELLER as sole provider for pyrotechnic displays and services for three years, final compensation amount for years two and three of the agreement can be determined at original signing, or annually by January 31st of said year and will follow compensation specifications as outlined below. Three year agreement entitles BUYER to more product added to the display each year. (All product is based on current cost of that year and annual compensation amount.)

Any agreement paid in full by April 1st of the agreement year will entitle BUYER to % more Product added to that years display.

1. THE TIME AND PLACE: POSTPONEMENT/CANCELATION: SELLER agrees to design, produce and execute a fireworks show, otherwise known as a pyrotechnic display at approximately 10 pm on the day of July 4 , 2018. The display will be executed at the following Location: Town Park

Weather permitting. An alternative inclement weather day is hereby designated to be the same time and place set forth, herein above. It is agreed and understood by and between the parties hereto that SELLER shall have the sole, exclusive and final determination of the suitability of the weather conditions at the time of the display. In the event SELLER should determine that the weather conditions are such that an unsafe or hazardous condition may exist, SELLER shall have exclusive right to postpone the starting time of the display and/or delay the display in its entirety; until conditions have improved and are appropriate for the safety of all involved, or until inclement weather date as set forth herein above.

2. INSURANCE: SELLER agrees to provide a Certificate of Insurance showing SELLER, BUYER and , to be insured and covered for \$5,000,000 Each Accident. \$5,000,000 General Aggregate, \$5,000,000 products-comp/ops Agg. In the event greater liability insurance limits are required, the additional cost is to be paid by BUYER.
3. SECURITY/SAFETY: BUYER is responsible for procuring and managing the following:

- a. Adequate security personnel;
 - b. Barricades, Ropes with flags, etc. to barricade all covered (dangerous) areas to spectators;
 - c. Traffic patrolmen;
 - d. As necessary:
 - i. security guards for crowd control and clean up personnel to remove litter left by spectators or any other persons other than SELLER;
 - ii. Trash receptacles as necessary for spectators;
 - iii. "No Parking" signs and directional signs;
 - iv. Sufficient space (as determined by shell size) for the proper and safe display of said pyrotechnic display. Such space to be clear and free of all persons except those employed by SELLER; and clear of any and all equipment, vehicles, structures, or items of any other kind not authorized or put in place by SELLER.
4. **LICENSES OR PERMITS:** SELLER shall be responsible to obtain, for SELLER's benefit, any state, city or any other licenses or permits required to execute the pyrotechnic display contemplated herein. SELLER shall provide BUYER with any necessary information, proof of insurance, or any other items required by the licensing authorities for issuance of such licenses or permits.
5. **COMPENSATION:** Compensation shall be made to the SELLER hereunder as follows: 0% at the signing of this agreement, with the balance due the date the service has been provided. The total amount of this contract is \$10,000.00
(*if three year contract, Year 1 \$_____, Year 2 \$_____, Year 3 \$_____). In the event of BUYER failure to pay all sums due within thirty days of display, SELLER shall be entitled to collect from BUYER its reasonable cost of collection, including interest and reasonable attorney's fees. If, for any reason other than as addressed herein above BUYER wishes to cancel this agreement, there will be a cancellation fee in the amount of fifty percent of the total contract price hereunder for the cancellation of a one year contract; and an additional fifteen percent fee of the total contract price for each year cancelled with a undetermined budget for the cancellation of a three year contract; to be paid to or retained by SELLER. Any applicable state or local taxes will be payable by the BUYER. Should the setup of the display require a multi-day setup it is up to the BUYER to provide security for the display site.

This CONTRACT is binding only after it has been signed by all parties hereto and returned to the SELLER with the required deposit as forth herein above.

BY: _____

BY: _____

DATE: 5/24/2018

DATE: _____

SELLER

BUYER

Ref. NY State Penal Law, Article 405.00

(B) Display Date/Time: 7/4/2018 10 PM Expected Duration: 20 to 30 minutes

(C) Display Location: TOWN PARK

(D) Display Content: 2.5", 3", 4", 5", 6" SHELLS + CAKES

(E) How will fireworks be stored prior to display: Brought to the site the day of the show

(F) Rain Date for display: _____

(G) If rained out how will fireworks be stored: Returned to the magazine

(H) For outdoor displays not before a proximate audience, attach a diagram (including all dimensions) of the area where the display will take place, showing locations where the fireworks will be discharged from, the location of and distance to: all the buildings, highways, and other means of transportation, lines of communications, location of the audiences, spectator viewing areas, parking areas, fallout areas, trees, telephone/utility lines, overhead obstructions or other structures or devices that could be affected by the display or fallout from it.


(I) Proof of Insurance or Bond (Minimum One Million Dollars). Please attach a copy of the policy certificate or other proof of insurance or Bond.

(J) For Indoor displays, displays before a proximate audience, in addition to the information provided above, include a written plan for how you intend to use the pyrotechnics as required by the New York State Penal Law 405.10. That plan shall be submitted at least five days prior to the performance and included, in addition to all the applicable information listed above for outdoor displays:

- In addition to the State Licenses and Certificates already included in this applications, proof of Federal ATF Licenses if required.
- Proof of experience of the pyrotechnician in charge,
- Proof of experience with the types of devices being used and a description of duties of any authorized assistants,
- Manner and place of storage of the pyrotechnic materials and devices,
- Material Safety Data Sheets(MSDS) for the pyrotechnic materials to be used,
- Certification that set, scenery, and rigging materials are inherently flame-retardant or have been treated to achieve flame retardancy,
- Certification that all materials worn by performers in the fallout area during the use of pyrotechnic effects are inherently flame-retardant or have been treated to achieve flame retardancy,
- For indoor displays attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to the audience, the location of sprinklers and the fallout radius for each pyrotechnic device used.

- A copy of the approved permit and plan shall be kept on site and available for review,
- Any significant changes to the plan shall be approved prior to the performance.

(K) I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge, and I understand that false statements, made in this permit application are subject to the applicable versions of the NYS Penal Law.



Signature of Applicant

5/24/2018

Date

Approved by: _____.

Title: _____.

Date: _____.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/5/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		CONTACT NAME: PHONE (A/C. No. Ext.): 216-658-7100 FAX (A/C. No.): 216-658-7101 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Everest National Insurance Company	
		INSURER B: Maxum Indemnity Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED 7847 Skylighters of New York LLC PO Box 1357 Orchard Park NY 14127	NAIC # 10120 26743
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COVERAGES**CERTIFICATE NUMBER:** 1505606527**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SI8GL00259-171	12/5/2017	12/5/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			SI8CA00022-171	12/5/2017	12/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			EXC6023645	12/5/2017	12/5/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
Date: 7/4/2018
Location: 8500 Boston State RD Boston NY, 14025
Additional Insured: Town of Boston

CERTIFICATE HOLDER**CANCELLATION**Town of Boston
8500 Boston State RD
Boston NY 14025

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

225 OAK STREET, BUFFALO, NEW YORK 14203-1685

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER SKYLIGHTERS OF NEW YORK LLC PO BOX 1357 ORCHARD PARK NY 14127	CERTIFICATE HOLDER TOWN OF BOSTON 8500 BOSTON STATE RD BOSTON NY 14025
--	--

POLICY NUMBER B2174 989-0	CERTIFICATE NUMBER 749695	POLICY PERIOD 12/07/2017 TO 12/07/2018	DATE 6/5/2018
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2174 989-0, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

E0
00

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 220035732



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
SKYLIGHTERS OF NEW YORK LLC
PO BOX 1357
ORCHARD PARK, NY 14127

1b. Business Telephone Number of Insured
(716) 903-3291

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1c. Federal Employer Identification Number of Insured or Social Security Number
383-85-7391

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

TOWN OF BOSTON
8500 BOSTON STATE RD
BOSTON, NY 14025

3a. Name of Insurance Carrier

New York State Insurance Fund (NYSIF)

3b. Policy Number of Entity Listed in Box "1a"

DBL 6128 06 - 1

3c. Policy effective period

12/02/2011 to 12/02/2018

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits
☐ B. Disability benefits only
☐ C. Paid family leave benefits only

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 6/5/2018

By 

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title **Melissa Jensen, Acting Head of Disability Insurance Unit**

IMPORTANT: If Box 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Worker's Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits, and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

Jason Keding

From: Sandy McStay <sandy@zambellifireworks.com>
Sent: Friday, May 25 2018 12:52 PM
To: Jason Keding
Subject: Your Inquiry

Thank you so much for considering Zambelli Fireworks for your 4th of July celebration. I am sorry that our schedule is completely full for that date. We wish you much success with your event.

Sandy McStay
Human Resources Director

Direct Line: 724.202.7021

Zambelli
FIREWORKS

TOWN OF BOSTON – RESOLUTION NO. 2018-29

**DECLARING 1989 AUTOCAR DUMP TRUCK
SURPLUS PROPERTY AND AUTHORIZING SALE**

WHEREAS, Town of Boston Highway Superintendent has advised the Town Board that the Town's 1989 Autocar Dump Truck Class Code 40479, VIN#: 4V32SBJFOKU504894, no longer meets the requirements of the Highway Department because of its age and condition; and

WHEREAS, the Highway Superintendent has requested that the 1989 Autocar Dump Truck be declared surplus property and sold; and

WHEREAS, the Town Board has determined that disposal of the 1989 Autocar Dump Truck as surplus property is in the best interests of the Town;

NOW THEREFORE BE IT

RESOLVED, that the Town's 1989 Autocar Dump Truck Class Code 40479, VIN#: 4V32SBJFOKU504894, hereby is declared surplus property; and

IT IS FURTHER RESOLVED, that the Highway Superintendent shall oversee the sale of this surplus property on behalf of the Town of Boston, for its fair market value, with the sale proceeds to be returned to the Town's Sale of Equipment Account #DB0-2665-0000-0000

IT IS FURTHER RESOLVED, that a legal notice of the details of such sale shall be published in the Town's official newspaper.

On June 13, 2018, the question of the adoption of the foregoing Resolution was duly put to a vote on roll call, which resulted as follows:

	Yes	No	Abstain	Absent
Councilmember Cartechine	[]	[]	[]	[]
Councilmember Lucachik	[]	[]	[]	[]
Councilmember Martin	[]	[]	[]	[]
Councilmember Munger	[]	[]	[]	[]
Supervisor Keding	[]	[]	[]	[]

Sandra L. Quinlan, Town Clerk

TOWN CLERK'S MONTHLY REPORT

TOWN OF BOSTON, NEW YORK

MAY, 2018

TO THE SUPERVISOR:

PAGE 1

Pursuant to Section 27, Subd 1 of the Town Law, I hereby make the following statement of all fees and moneys received by me in connection with my office during the month stated above, excepting only such fees and moneys the application and payment of which are otherwise provided for by Law:

A1255

<u>13</u>	DECALS	<u>19.61</u>
<u>3</u>	MARRIAGE LICENSES NO. 00006 TO 00008	<u>52.50</u>
<u>1</u>	PHOTOCOPIES	<u>0.25</u>
<u>5</u>	DEATH CERTIFICATES	<u>50.00</u>
<u>2</u>	MARRIAGE CERTIFICATES	<u>20.00</u>
<u>17</u>	FAXES	<u>4.25</u>

TOTAL TOWN CLERK FEES

146.61

A1550

<u>3</u>	DISPOSITION OF DOG	<u>60.00</u>
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TOTAL A1550

60.00

A2025

<u>1</u>	BATHROOM FACILITY	<u>25.00</u>
<u>2</u>	USE OF FACILITY FEES	<u>100.00</u>

TOTAL A2025

125.00

A2110

<u>2</u>	VARIANCE	<u>300.00</u>
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TOTAL A2110

300.00

A2544

<u>91</u>	DOG LICENSES	<u>427.00</u>
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TOTAL A2544

427.00

A2555

<u>17</u>	BUILDING PERMITS	<u>3,187.00</u>
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TOTAL A2555

3,187.00

TA0030

<u>2</u>	DEPOSITS	<u>100.00</u>
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TOTAL TA0030

100.00

TOWN CLERK'S MONTHLY REPORT

MAY, 2018

page 2

DISBURSEMENTS

PAID TO SUPERVISOR FOR GENERAL FUND	4,245.61
PAID TO TOWN CLERK TRUST & AGENCY FOR DEPOSITS	100.00
PAID TO NYSDEC FOR DECALS	335.39
PAID TO NYS ANIMAL POPULATION CONTROL PROGRAM	118.00
PAID TO NYS HEALTH DEPT FOR MARRIAGE LICENSES	67.50
TOTAL DISBURSEMENTS	4,866.50

JUNE 1, 2018



JASON KEDING

, SUPERVISOR


STATE OF NEW YORK, COUNTY OF ERIE, TOWN OF BOSTON

I, SANDRA QUINLAN, being duly sworn, says that I am the Clerk of the TOWN OF BOSTON that the foregoing is a full and true statement of all Fees and moneys received by me during the month above stated, excepting only such Fees the application and payment of which are otherwise provided for by law.

Subscribed and sworn to before me this


Town Clerk

1st day of June 2018


Notary Public

WENDY S. KUMMER
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
MY COMMISSION EXPIRES FEBRUARY 28, 2022.