

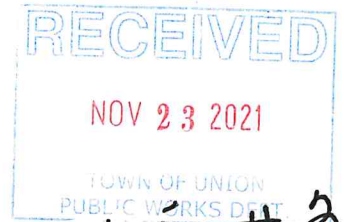


**Agriculture
and Markets**

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NOV 23 2021

TOWN OF UNION CLERK



*Motion # 2
12/1/21*

November 18, 2021

*cc: Supervisor
Council
attorney
L. Caprio
Dog control*

Richard Materese
Town Supervisor - Town of Union
3111 East Main St
Endwell, NY 13760

Enclosed is the **Municipal Shelter Inspection Report** completed on **11/09/2021**. This inspection relates to Agriculture and Markets Laws and Regulations which may be viewed on the website below.

As the report indicates, dog shelter services were rated "Unsatisfactory" for reasons noted on the report.

Please discuss this notice with municipal officials and take appropriate action so that municipal shelter services are in compliance.

Another inspection will occur in approximately **(30) days** after the date of inspection. It is anticipated that all deficiencies will be corrected by this time.

If you have any questions regarding this inspection, please feel free to contact Makayla Kemmeren, Animal Health Inspector at (518) 419-0004.

Dr. David M. Chico
Veterinarian 3
(518) 457-3502

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **11/9/21 12:00 pm****BROOME COUNTY DOG SHELTER
110 CUTLER POND ROAD
BINGHAMTON NY 13905**Inspector: **Makayla Kemmeren** Inspector #: **847**

These are the findings of an inspection of your facility on the date(s) indicated above:

- | | |
|--|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly | Yes |
| 3. Repairs are done when necessary | No |
| <i>Kennel 1, 2, 4, 6, 7, and 9 have chipped paint on the floors which expose a nondisinfected surface.</i> | |
| 4. Dogs are handled safely | Yes |
| 5. Adequate space is available for all dogs | Yes |
| 6. Light is sufficient for observation | Yes |
| 7. Ventilation is adequate | Yes |
| 8. Drainage is adequate | Yes |
| 9. Temperature extremes are avoided | Yes |
| 10. Clean food and water is available and in ample amount | Yes |
| 11. Veterinary care is provided when necessary | Yes |
| 12. Dogs are euthanized humanely, by authorized personnel | Yes |
| 13. Complete intake and disposition records are maintained for all seized dogs | Yes |
| 14. Dogs transferred for purposes of adoption in compliance with Article 7 | Yes |
| 15. Redemption period is observed before adoption, euthanasia or transfer | Yes |
| 16. Owners of identified dogs are properly notified | Yes |
| 17. Redeemed dogs are licensed before release | Yes |
| 18. Proper impoundment fees paid before dogs are released | Yes |
| 19. Written contract or lease with municipality | Yes |



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

Motion # 1
12/1/21
cc: Supervisor
attorney
Council
L. Capria

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

1. Date Notice was Sent: 11/16/2021 1a. Delivered by: Personal Delivery with Proof of Receipt

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

☒ New Application ☐ Renewal ☐ Alteration ☐ Corporate Change ☐ Removal ☐ Class Change ☐ Method of Operation Change

For **New** 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

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: T/O Union

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: Russ-Dawn-Hill Inc.

6. Trade Name (if any): Kristofors

7. Street Address of Establishment: 1224 Campville Rd, Rte 17C

8. City, Town or Village: Endicott, NY Zip Code: 13760

9. Business Telephone Number of Applicant/Licensee: (607) 748-5305

10. Business E-mail of Applicant/Licensee: KRISTOFORS1224@YAHOOD.COM

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 or cook ☐ Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment: Restaurant (full kitchen and full menu required)

14. Method of Operation: (check all that apply)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input type="checkbox"/> Other (specify): _____				

15. Licensed Outdoor Area: (check all that apply)

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe	<input type="checkbox"/> Other (specify): _____			

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

16. List the floor(s) of the building that the establishment is located on: **Basement and ground floor**
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:
- | | |
|-------------------------------|----------------|
| Holden Restaurants Inc | 2196280 |
| 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: **Sheric Holdings LLC**
23. Building Owner's Street Address: **513 Swartwood Avenue**
24. City, Town or Village: **Endicott** State: **NY** Zip Code: **13760**
25. Business Telephone Number of Building Owner: **(607) 768-2933**

**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: **Wayne Marble**
27. Representative/Attorney's Street Address: **2 S Frederick Road**
28. City, Town or Village: **Binghamton** State: **NY** Zip Code: **13901**
29. Business Telephone Number of Representative/Attorney: **(607) 237-6159**
30. Business E-mail Address of Representative/Attorney: **jwmarble1@yahoo.com**

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: **Russell S. Hill** Title: **President**

Principal Signature: *Russell S. Hill*