

Youth Bureau

September 16, 2015

Mr. Dino Fudoli
Supervisor
Town of Lancaster
21 Central Ave.
Lancaster, NY 14086

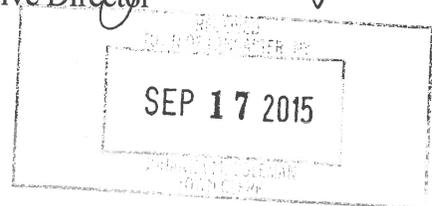
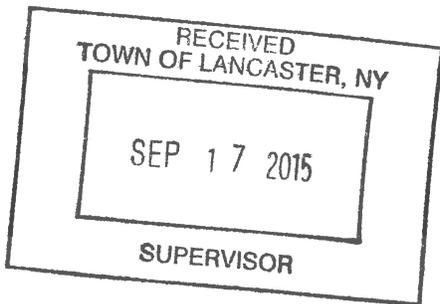
Dear Mr. Fudoli and Town Board Members:

I am requesting that the Town of Lancaster continue to participate in the collaborative effort with the Lancaster Central School District providing a Program Coordinator for the Family Support Center from September 1, 2015 through June 30, 2016.

The Lancaster Central School District has asked the Town of Lancaster to provide 50% of the cost of the health insurance and the direct salary of the Program Coordinator of the Family Support Center. The Town of Lancaster is being asked to pay \$8,867.70 (50% of total Health Insurance costs of \$17,734.00) in addition to the salary cost of \$25,248.60 (50% of total salary of \$50,497.20) for a total of \$34,116.30 in two installments of \$6,823.26 on or about October 1, 2015, December 1, 2015, and two installments of \$10,234.89 on February 1, 2016 and April 1, 2016.

Sincerely,

John Trojanowsky
John Trojanowsky
Executive Director



09-17-15 P03:47 IN

Donna Martin

From: Jeffrey Smith <JSmith.
Sent: Thursday, September 17, 2015 3:13 PM
To: dmartin
Subject: RE: Firework permit

Donna,

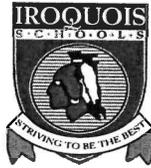
After reviewing the fireworks permit for the Lancaster Speedway for 9/26/15 and inspecting the proposed site, the Lancaster Police Department has no objection to granting the permit pursuant to Chapter 3 of the Lancaster Town Code.

IROQUOIS CENTRAL SCHOOL DISTRICT

**P.O. BOX 32
ELMA, NY 14059-0032
(716) 652-3000
(FAX) 652-9305**

DOUGLAS R. SCOFIELD
Superintendent of Schools
Ext. 1001

KRISTIN KENDALL-JAKUS
*Dir. of Instruction, Student Services
& Assessment*
Ext. 1301



MARY JO DUDEK, Ed.D.
Assistant Superintendent for Curriculum
Ext. 1502

JOANNE M. GEORGE
Business Administrator
Ext. 1201

September 15, 2015

Ms. Johanna Coleman
Receiver of Taxes
21 Central Avenue
Lancaster, NY 14086

Dear Ms. Coleman:

Please be advised that upon the recommendation of the Superintendent, the Board of Education at a special meeting held on July 26, 2006 approved the following resolution:

The Superintendent recommends approval of the following resolution:

WHEREAS, the Erie County Legislature unanimously approved a request for Home Rule Legislation from New York State that allows municipalities to accept partial payment in any amount for payment of property taxes, and

WHEREAS, the NYS Legislature, the Erie County Legislature, and the Governor of the State of New York have approved Bill #A09529 (#S06429) allowing for the acceptance of partial payments, and

WHEREAS, the legislation is vital to all residents and taxpayers of Erie County and the Iroquois Central School District,

NOW, THEREFORE, BE IT RESOLVED, that the Board of Education of the Iroquois Central School District does hereby authorize the towns within the school district that reside in the County of Erie to accept partial payments in any amount pursuant to the aforementioned legislation beginning with the 2006 Tax Collection. Furthermore, Wyoming County shall be included if future legislation is passed that shall have the same impact on the taxpayers.

SEP 21 2015

Please note, school tax funds must be turned over to the school district within five (5) days after its collection.

Thank you for your assistance in this matter. Please feel free to call me if you have any questions.

Yours truly,

A handwritten signature in black ink that reads "Joanne M. George". The signature is written in a cursive style with a large, looped initial "J".

Joanne George
Business Administrator

JOHANNA M. COLEMAN, TOWN CLERK
TOWN OF LANCASTER
21 CENTRAL AVE
LANCASTER, N.Y. 14086
AREA CODE 1-716 683-9028

COPY

September 21, 2015

Matt Shaw
Lancaster Speedway
P.O. Box 507
Clarence, New York 14031

Dear Mr. Shaw:

Your application for the Public Display of Fireworks to be conducted at the Lancaster Speedway on September 26, 2015 was approved. Enclosed is your permit for a fireworks display on September 26, 2015 between the hours of 5:30 P.M. and 11:00 P.M.

By copy of this letter I hereby direct the Bowmansville Fire Chief to inspect the premises wherein said display will take place to see that the execution of the work so authorized by said permit shall be done in conformity with approved plans and specifications and the existing standards, rules and regulations applicable thereto.

Sincerely yours,

OFFICE OF THE TOWN CLERK



Johanna M. Coleman
Town Clerk

JMC/dm

Encl.

cc: G. Gill, Police Chief
Bowmansville Fire Chief
J. Dudziak, Town Attorney
Town Board
Skylighters of New York, LLC

File: Permit/Fireworks Permit Letter.doc

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JOHANNA M. COLEMAN, TOWN CLERK
TOWN OF LANCASTER
21 CENTRAL AVE.
LANCASTER, N.Y. 14086
AREA CODE 1-716 683-9028

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FIREWORKS PERMIT
TOWN OF LANCASTER

Pursuant to Local Law No. 1 of the Year 2012 of the Town of Lancaster, and Penal Law Section 405 of the State of New York,

Skylighters of New York, LLC, P.O. Box 1357, Orchard Park, NY 14127 is hereby granted permission for a public display of fireworks at 57 Gunnville Road, Lancaster, New York, on September 26, 2015, in accordance with all the terms, conditions, and diagrams, contained in the "Request for Fireworks Display Permit" on file in the Office of the Town Clerk of the Town of Lancaster.

This permit expires at 11:00 P.M. on the date specified herein. Any display after 11:00 P.M. is not authorized by this permit.

TOWN OF LANCASTER



Johanna M. Coleman
Town Clerk

Seal

Dated: September 21, 2015

cc: Gerald J. Gill, Jr., Police Chief, Town of Lancaster
Mark Lawniczak, Fire Chief, Bowmansville Vol. Fire Assn. Inc.
John Dudziak, Town Attorney
Town Board
Skylighters of New York, LLC

File: fire wks prmt

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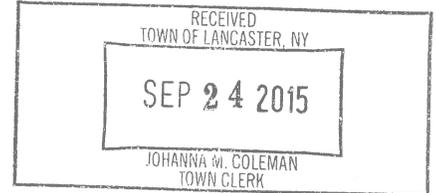
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REQUEST FOR WAIVER OF THE 30 DAY MUNICIPALITY NOTIFICATION

Date 09/22/2015



To the Municipality of LANCASTER:

Please be advised that a waiver of the 30 day notification is being requested by TOP OF THE FOOD CHAIN INC. dba BROTHER'S RESTAURANT & PUB located at 5827 BROADWAY, LANCASTER, NY 14086 for an ON PREMISES LIQUOR BEER & WINE license. This request is made to expedite the licensing process.

Thank You,

If such waiver is granted, please fax, e-mail or forward it to:

Robert Heil, Liquor License Consultant

5008 Mount Vernon Blvd.

Hamburg, NY 14075

FAX : 866-910-5025

E-MAIL : myteambob@gmail.com

State of New York
Executive Department
Division of Alcoholic Beverage Control
State Liquor Authority

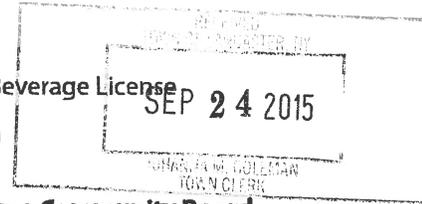
OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy)

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



This 30-Day Advance Notice Is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board

Applicant/Licensee Information

4. License Serial Number, if not a New Application: Expiration Date, if not a New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

**For New applicants, provide description below using all information known to date.
For Alteration applicants, attach complete description and diagram of proposed alteration(s).
For Current Licensees, set forth approved Method of Operation only.
Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)
 Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows
 Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility
 Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel
 Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast
 Seasonal Establishment

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

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

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a
 Local Municipality or Community Board**
 (Page 2 of 2 of Form)

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

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

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

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

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:

22. Building Owner's Street Address:

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

24. Business Telephone Number of Building Owner:

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the
 Establishment Identified in this Notice**

25. Attorney's Full Name:

26. Attorney's Street Address:

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

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

I am the applicant or hold the license or am 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.

30. Printed Name: Title:

Signature: 