

**This meeting will be a hybrid meeting via Zoom and in person. For instructions on how to join the meeting, visit *greensborovt.gov*. On the home page, look for the meeting agenda and Zoom link on the calendar. For help with joining the meeting, call the Town Clerk at 533-2911 during office hours**

## **SPECIAL SELECTBOARD MEETING**

**HYBRID MEETING**

**FRIDAY MARCH 21, 2025**

**6:30 pm**

**GREENSBORO FREE LIBRARY  
AGENDA**

- 1. Call the Meeting to Order**
- 2. Additions to the Agenda**
- 3. Public Comment**
- 4. BEAD Grant – Fiber**
- 5. Municipal Planning Grant - signatures**
- 6. Rural Edge Informational Meeting and Australian Vote Dates**
- 7. Bread and Puppet Use of Gravel Pit for Parking**
- 8. Liquor Licenses: Hill Farmstead Brewery  
Smith's Store**



**Application ID:** DLL - Application - 55106  
**Application for:** Second Class License  
**Category of Business:** Second Class

#### Business/ Entity Information

**Business/ Entity Name:** Hill Farmstead, LLC  
**Business ID:** 0007202  
**Business Address:**  
**Entity Type:** Limited Liability Corporation  
**Phone:**  
**Management Type if LLC:**  
**Email:** accounting@hillfarmstead.com

#### People Information

- **Person:** Shaun Hill

**Business Role:** Business Principal  
**Email:** accounting@hillfarmstead.com  
**Business Address:**  
**US Citizen?**  
**Political Position**  
**Phone:** **Name:** Shaun Hill  
**Office:**  
**Jurisdiction:**

#### Violations:

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
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- **Person:** Shaun Hill

**Business Role:** Business Principal  
**Email:** shaun@hillfarmstead.com

**Business Address:**

**US Citizen?**

**Political Position**

**Phone:**

**Name:** Shaun Hill

**Office:**

**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
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• **Person:**

Bob Montgomery

**Business Role:**  
Registered Agent

**Email:**  
bob@hillfarmstead.com

**Business Address:**

**US Citizen?**

**Political Position**

**Phone:**

**Name:** Bob Montgomery

**Office:**

**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
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### Location/ Premises Detail

**Location Name:**

Hill Farmstead (1st)

**Do you lease this Premises:**

**Health License:**

Food:

Lodging:

**Location Address:**

403 Hill Road,  
Greensboro, Vermont 05842

**Vermont Tax Department:**

**Local Jurisdiction/ Town Clerk:**

Greensboro

### Education Details

**Student Name:**

Laurel Schenck

**Training Completion Date:**

Tue Jul 30 00:00:00 GMT 2024

**Mode of Training:**

DLC Online Training

**Type of Training:**

Second Class (Off Premise)

### Foundational License (if applicable)

**License Type:**

Second Class

**License Number:**

LP-016365

**Licensee Name:**

Hill Farmstead (1st)

**License Status:**

License Active - Ready for Renewal

**Licensee Address:**

403A Hill Road ,  
Greensboro, Vermont 05842

**License Start Date:****License End Date:**

### Documents Attached

Name	Document Type	Assosicated With
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### Payment and Acknowledgement

**Signed by:**

Joann Brochu

**State of Vermont / DLL Application Fee:**

70.00

**Date of Submission:**

2025-03-10 13:26:17

**State of Vermont / DLL Payment Status:****Local Application Fee:**

70

**Local Control Payment Status:**

false



**Application ID:** DLL - Application - 55107  
**Application for:** Outside Consumption Permit  
**Category of Business:** OCP

#### Business/ Entity Information

**Business/ Entity Name:** Hill Farmstead, LLC  
**Business ID:** 0007202  
**Business Address:**  
,  
,  
**Entity Type:** Limited Liability Corporation  
**Management Type if LLC:**  
**Phone:**  
**Email:** accounting@hillfarmstead.com

#### Foundational License (if applicable)

**License Type:** First Class  
**License Number:** LP-016368  
**Licensee Name:** Hill Farmstead (1st)  
**License Status:** License Active - Ready for Renewal  
**Licensee Address:** 403 Hill Road ,  
Greensboro, Vermont 05842  
**License Start Date:** 2024-07-01  
**License End Date:** 2025-06-30

#### Event Contact/s

**Person:**

**Business Role:** **Phone:**  
**Business Address:** **Email:**  
,  
,

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
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## Event Premises Details

**Location Name:**

Hill Farmstead (1st)

**Start date and time of event****End date and time of event****Location Address:**

403 Hill Road,  
Greensboro, Vermont 05842

**Approximate Number of Persons Expected****Local Jurisdiction/ Town Clerk:**

Greensboro

**Describe the type of event/ OCP Area:**

1st class license on first floor of a large brewery consisting of 2 areas. 1 area, a large room on Western end of Brewery & 2nd area is smaller on South East end of brewery. Locted on North side of

Hill Road designated as 403 Hill Road in the town of Greensboro Bend VT

## Documents Attached

Name	Document Type	Assosicated With
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## Payment and Acknowledgement

**Signed by:****State of Vermont / DLL Application Fee:**

20.00

**Date and time of Submission:**

2025-03-10 13:28:04

**State of Vermont / DLL Payment Status:****Local Application Fee:**

0

**Local Control Payment Status:**

false



**Application ID:** DLL - Application - 55759  
**Application for:** Second Class License  
**Category of Business:** Second Class

#### Business/ Entity Information

**Business/ Entity Name:** LJ Thompson, LLC  
**Business ID:** 0009971  
**Business Address:**  
**Entity Type:** Limited Liability Corporation  
**Phone:**  
**Management Type if LLC:**  
**Email:** thogolf@aol.com

#### People Information

- **Person:**  
Landon Thompson

**Business Role:**  
Business Principal

**Email:**  
thogolf@aol.com

**Business Address:**

**US Citizen?**

**Political Position**

**Phone:**

**Name:** Landon Thompson

**Office:**

**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
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#### Location/ Premises Detail

**Location Name:** Smith's Grocery  
**Do you lease this Premises:**

**Location Address:**  
767 Main Street,  
Greensboro, Vermont 06842

**Local Jurisdiction/ Town Clerk:**  
Greensboro

**Health License:**

Food:  
Lodging:

**Vermont Tax Department:**

**Education Details**

**Student Name:**

**Training Completion Date:**

**Mode of Training:**

**Type of Training:**

**Foundational License (if applicable)**

**License Type:**

Second Class

**License Number:**

LP-021363

**Licensee Name:**

Smith's Grocery

**License Status:**

License Active - Ready for Renewal

**Licensee Address:**

767 Main St. ,  
Greensboro Bend, Vermont 05842

**License Start Date:**

**License End Date:**

**Documents Attached**

Name	Document Type	Assosicated With
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**Payment and Acknowledgement**

**Signed by:**

Landon Thompson

**State of Vermont / DLL Application Fee:**

70.00

**Date of Submission:**

2025-03-17 17:01:27

**State of Vermont / DLL Payment Status:**

**Local Application Fee:**

70

**Local Control Payment Status:**

false





**Application ID:** DLL - Application - 55761  
**Application for:** Tobacco License  
**Category of Business:** Tobacco

#### Business/ Entity Information

**Business/ Entity Name:** LJ Thompson, LLC  
**Business ID:** 0009971  
**Business Address:**  
**Entity Type:** Limited Liability Corporation  
**Phone:**  
**Management Type if LLC:**  
**Email:** thogolf@aol.com

#### People Information

• **Person:**

Landon Thompson

**Business Role:**  
Business Principal

**Email:**  
thogolf@aol.com

**Business Address:**

**US Citizen?**

**Political Position**

**Phone:**

**Name:** Landon Thompson

**Office:**

**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
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#### Location/ Premises Detail

**Location Name:** Smith's Grocery  
**Do you lease this Premises:**

**Location Address:**  
767 Main Street,  
Greensboro, Vermont 06842

**Local Jurisdiction/ Town Clerk:**  
Greensboro

**Health License:**  
Food:  
Lodging:

**Vermont Tax Department:**

### Education Details

**Student Name:**

**Training Completion Date:**

**Mode of Training:**

**Type of Training:**

### Foundational License (if applicable)

**License Type:**  
Tobacco

**License Number:**  
LP-021364

**Licensee Name:**  
Smith's Grocery

**License Status:**  
License Active - Ready for Renewal

**Licensee Address:**  
767 Main St. ,  
Greensboro Bend, Vermont 05842

**License Start Date:**

**License End Date:**

### Documents Attached

Name	Document Type	Assosicated With
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### Payment and Acknowledgement

**Signed by:**

**Date of Submission:**  
2025-03-17 17:06:54

**Local Application Fee:**  
0

**State of Vermont / DLL Application Fee:**  
110.00

**State of Vermont / DLL Payment Status:**

**Local Control Payment Status:**  
false

## FY25 Municipal Resolution for Municipal Planning Grant

**WHEREAS**, the Municipality of Greensboro, VT is applying for funding as provided for in the FY25 Budget Act and may receive an award of funds under said provisions; and

**WHEREAS**, the Department of Housing and Community Development may offer a Grant Agreement to this Municipality for said funding; and

**WHEREAS**, the municipality is maintaining its efforts to provide local funds for municipal and regional planning purposes or that the municipality has voted at an annual or special meeting to provide local funds for municipal and regional planning purposes,

### Now, THEREFORE, BE IT RESOLVED

1. That the Legislative Body of this Municipality enters into and agrees to the requirements and obligations of this grant program including a commitment to match funds.

2. That the Municipal Planning Commission recommends applying for said Grant;

KENT HANSEN  
(Name of Planning Commission Chair)

K. Hansen  
(Signature)

3a. That (Name) Michael Mercalf Title Selectboard Member

who is either the Chief Executive Officer (CEO), as defined by 10 VSA §683(8), or is a Select Board Member, the Town Manager, the City Manager, or the Town Administrator, is hereby designated to serve as the Municipal/Authorizing Official (M/AO) for the Grant Electronic Application and Reporting System (GEARS), and to execute the Grant Agreement and other such Documents as may be necessary to secure these funds.

3b. (Alternate Authorizing Official for redundancy)

That (Name) \_\_\_\_\_ Title \_\_\_\_\_

who is either the Chief Executive Officer (CEO), as defined by 10 VSA §683(8), or a Select Board Member, is the Town Manager, the City Manager, or the Town Administrator, is hereby designated to serve as the Municipal/ Authorizing Official (M/AO) for the Grant Electronic Application and Reporting System (GEARS), and to execute the Grant Agreement and other such Documents as may be necessary to secure these funds.

3c. That (Name) \_\_\_\_\_ Title \_\_\_\_\_

is hereby designated as the Grant Administrator, the person with the overall Administrative responsibility for the Municipal Planning Grant program activities related to the application, and any subsequent Grant Agreement provisions.

Passed this 12<sup>th</sup> day of March, 2025.

- ☒ **(For rural towns or consortia only)** The regional planning commission will serve as agent for the municipality or consortium. *(Check the box if the municipality authorizes its regional planning commission to prepare the application, support grant administration and be exempt from competitive selection if serving as project consultant.)*

### LEGISLATIVE BODY

(name)

(signature)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### INSTRUCTIONS FOR RESOLUTION FORM

- A. The Legislative Body of the Municipality must adopt this resolution or one that will have the same effect. This Form may be filled in or the adopted Resolution may be issued on municipal letterhead, filling in the name of the municipality, the Legislative Body (e.g. Selectboard), and the name and title of the Municipal/Authorizing Official(s) (M/AOs); and the Grant Administrator.
- B. Following formal adoption, a majority of the legislative body must sign the Resolution. The Chair of the Planning Commission must also sign upon endorsement by vote of the Planning Commission.
- C. This form must be either uploaded to the online application or grant, or emailed to:  
[kenneth.jaycox@vermont.gov](mailto:kenneth.jaycox@vermont.gov)
- D. If mailed, an electronic copy of the submitted Resolution document will be uploaded by DHCD staff and available online.
- E. Please note that the designated Municipal/Authorizing Official(s) and Grant Administrator must also register for an account in the online grants management system, if they have not done so already, before the application can be considered complete.

**CONSORTIUM APPLICATIONS:** For a consortium, each municipality must complete a separate Resolution form. All municipalities in a consortium must designate the same Municipal/Authorizing Official(s) and grant Administrator.