AGENDA

Tuesday, January 20, 2026 - 6:20 PM

Administrative Committee Meeting
Agawam Senior Center
954 Main Street
Agawam, MA 01001

Minutes dated December 15, 2025

TO-2025-28 - An Order granting or renewing a Class 2 Dealer's LICENSE to **Freedom Motor Group, LLC,** 825 Springfield Street, Agawam (Clerk) **(Tabled)**

TO-2025-33 - An Order granting or renewing a Class 2 Dealer's LICENSE to **Paul J. LaPointe d/b/a The Car Connection,** 820 Springfield Street, Feeding Hills (Clerk)

TO-2025-34 - An Order granting or renewing a Class 2 Dealer's LICENSE to **V&F Auto, Inc.,** 7 Harding Street, Agawam (Clerk)

ADMINISTRATIVE SUB-COMMITTEE MINUTES

December 15, 2025

Members Present: Robert Rossi, Chair
Gerald Smith, Vice Chair
Dino Mercadante
Edward Borgatti
Maria Valego

Also Present: Councilors Russo and Smus

Called to Order: Meeting was called to order by Chair Rossi at 6:20pm at the Agawam Senior Center Seminar Hall

AGENDA

1. Approval of minutes dated December 1, 2025

Motion to approve was moved by Councilor Smith and seconded by Councilor Valego

The vote was 5 Yes, 0 No approving the minutes.

2. Agenda Items

The application for TO-2025-28 was not in order so the committee voted 4 Yes, 1 No (Councilor Rossi) to table this item.

Applications for TO-2025-27, and TO-2025-29 through and including TO-2025-32 were all in order and the committee sent a positive recommendation to the Full Council for each application.

3. Any other business that may legally come before the Committee.

There were several Class 2 Dealers that needed letters sent out.

4. Adjournment.

Motion to adjourn was moved by Councilor Mercadante and seconded by Councilor Borgatti. Meeting was adjourned at 6:38pm.

Respectfully submitted by:

Councilor Robert Rossi
Chair Administrative Committee

COMMONWEALTH OF MASSACHUSETTS
TOWN OF AGAWAM
CAR DEALER'S LICENSE

TO-2025-28

Annual Fee: $200.00, $100 if Renewed before November 1

Please Check One:

Class I _____
(New Car Dealer)

Class II _____
(Used Car Dealer)

Class III _____
(Remodeling, Taking apart or rebuilding and selling same or the buying or selling of parts or tires)

Please Check One:

New Application: _____

Renewal without changes: _____

Renewal with changes: _____

Type of Business
Please check one:

Sole Proprietor _____

Partnership (inc. LLP) _____

Corporation _____

Limited Liability Company _____

Freedom motor group LLC

Business (DBA) Name: DBA Freedom motors

Agawam Business Address: 825 Springfield St

Applicants Legal Name: Freedom motor group LLC

Mailing Address (Including Zip Code): 825 Springfield St Agawam Ma 01001

Contact Phone: 413 636 1426

Contact E-Mail: LRFreedommotors@Gmail.com

Property Owner: RHINO Realty LLC

Property Owner's Address (Including Zip Code): 8 Marilyn Drive Wilbraham Ma 01095

Owner's Phone: 413 433 9996

Property Owners' Signature*

*By signing above, the property owner indicates that the potential licensee is authorized to legally occupy the above-mentioned property for the purpose of operating a Car Dealer business. **The property owners signature and property card from the assessors are required for new licenses only.**

Is the Applicant engaged principally in the business of buying, selling or exchanging motor vehicles? ☑ Yes ☐ No

If so, is your principal business the sale of new motor vehicles? ☐ Yes ☑ No

Is your principal business the buying and selling of second hand motor vehicles? ☑ Yes ☐ No

Is your principal business the Remodeling, Taking apart or rebuilding and selling same or the buying or selling of parts or tires or motor vehicle junk dealer? ☐ Yes ☑ No

Are you a recognized agent of a motor vehicle manufacturer? ☐ Yes ☑ No

Have you signed a contract as required by MGL 140 § 58, Class I? ☐ Yes ☑ No

Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? ☐ Yes ☑ No, if so where? _____

Did you receive a license? ☐ Yes ☐ No, for what year _____

Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked?
☐ Yes ☑ No, if so please explain: (attach sheets as needed)

List Partners/Corporate Officers Names & Addresses and Titles:

Robin Witaszek
186 Valley Brook RD
Feeding Hills MA 01030

Give a complete description of all the premises to be used for the purpose of carrying on the business:

Building and parking lot

Are repair facilities located at the licenses premises? ☑ Yes ☐ No.
If No provide the name and address of the repair facility: _____

If you store vehicles at another location, state the number of cars at other location? _____
Address of other location:

EMERGENCY CONTACT:
In case of emergency at the business address, please contact:

Contact Name: Randy Rindels

Contact Address: 85 Granville RD Southwick MA

Contact Phone: 413 636 1426

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, and is subject to all of the terms, conditions, and limitations set forth in the Town of Agawam Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Agawam City Council.

Robin Witaszek — **Signature of Applicant**

owner RRE — **Title (Owner, President, Partner)**

Date: 1/13/26

ATTACHMENTS FOR ALL APPLICANTS

1. Certificate of Good Standing
2. Inspectional Services Approval
3. Fire Prevention Approval
4. Workmen's Compensation Affidavit
5. REAP Attestation
6. CORI Form
7. Collector / Treasurer Approval
8. New Applications or Applications for renewal with changes require a site plan per Town Code §114-5.

Applicant is responsible for obtaining the endorsement from the Inspection Services Department, Fire Inspector and Tax Collector.

Inspection Services Department Report:

The building located at the premises mentioned above is in a B-A Zone.

☐ Use is permitted as of right ☐ Use requires a special permit
☐ Use is prohibited ☒ Pre-existing legal nonconforming
☐ (other) _____

I do hereby state that as of this date the premises ☒ ***meets*** */* ☐ ***does not meet*** *all of the requirements imposed upon it pursuant to Chapter 114 Article II of Ordinance #114.*

Total Number of vehicles at Agawam Business Address: 11
Number of vehicles allowed: 26

Inspector's Signature: [signature] 12/17/2025

Print Inspector's Name & Date: Kevin Duquette 10/30/2025

TO BE COMPLETED BY THE INSPECTIONAL SERVICES, CALL TO SCHEDULE 413-821- 0632

FIRE PREVENTION REPORT:

I do hereby state that I have personally inspected the premises located at the applicant's business address as shown on the front of this application and as of this date the premises meets/does not meet all of the requirements imposed upon it pursuant to the fire prevention code. I make the following recommendation:

☑ Pass ☐ Fail

Inspector's Signature: [signature]

Print Inspector's Name & Date: Derek Myers 12-17-25

TO BE COMPLETED BY THE FIRE INSPECTION, CALL TO SCHEDULE 413-786-0657

Municipal Tax Report:

Pursuant to section, 1-7 of the Agawam Town Code a licensing authority may deny, suspend or revoke a license or permit for failure to pay municipal taxes or charges.

☑ **No** Outstanding Taxes or charges ☐ **There are** Outstanding Taxes or charges
☐ Applicant **has an agreement** with the Town regarding the Payment of taxes and charges.

Collector's Signature: [signature]

TO BE COMPLETED BY THE TREASURER / COLLECTOR 413-786-0400, EXT. 8218

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

Individual Social Security Number _____ State Identification Number _____ Federal Identification Number _____

Company: Freedom Motor Group LLC DBA Freedom Motor

P.O. Box (if any): 825 Springfield St Street Address Only: _____

City/State/Zip Code: Agawam MA 01001

Telephone Number: 4136361426 Fax Number: _____

List address(es) of all other property owned by company in Agawam: _____

State whether the applicant is a:

Corporation _____

Individual _____ Name of Individual: Robin Witaszek

Partnership _____ Names of all Partners: X

Limited Liability Company V Names of all Managers: X

Limited Liability Partnership _____ Names of Partners: X

Limited Partnership _____ Names of all General Partners: X

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided. Each section must be signed by an authorized agent of the entity and the FORM MUST BE NOTARIZED – SEE NEXT PAGE.

FEDERAL TAX CERTIFICATION

I, Erica Rindels (authorized agent) certify under the pains and penalties of perjury that Robin Witaszek (applicant), to my best knowledge and belief, has/have complied with all **United States Federal taxes** required by law.

Robin Witaszek Applicant — Authorized Person's Signature — Date: 1/13/26

TOWN OF AGAWAM TAX CERTIFICATION

I, Erica Rindels (authorized agent) certify under the pains and penalties of perjury that Robin Witaszek (Applicant) to my best knowledge and belief, has/have complied with all **Town of Agawam taxes** required by law (or has/have entered into a Payment Agreement with the City).

Robin Witaszek Applicant — Authorized Person's Signature — Date: 1/13/26

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

I, Erica Rindels certify under the pains and penalties of perjury that Robin Witaszek
(authorized agent) (Applicant)
to my best knowledge and belief, has/have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Robin Witaszek BY: [signature] Date: 1/13/26
Applicant Authorized Person's Signature

Notary Public

COMMONWEALTH OF MASSACHUSETTS

Hampden County, ss. January 13, 2026

Then personally appeared before me [name] Robin Witaszek, [title] _____
of [company name] Freedom Motors, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] Freedom Motors.

[signature]
Notary Public

My commission expires: March 24, 2028

YOU MUST FILL THIS FORM OUT COMPLETELY AND YOU MUST FILE THIS FORM WITH YOUR Application.

Erica Rin[illegible]
Notary P[illegible]c
COMMONWEALTH OF [illegible]ACHUSETTS
My Co[illegible] Expires
[illegible] 2028

MASSACHUSETTS USED CAR DEALER'S BOND

Bond No. 108401321

Effective Date: January 13, 2026

KNOW ALL MEN BY THESE PRESENTS, that we, FREEDOM MOTOR GROUP LLC of 821 SPRINGFIELD ST, FEEDING HILLS, MA 01030-2110, as Principal, and Travelers Casualty and Surety Company of America, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto Town of Agawam, as Obligee, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of Twenty Five Thousand dollars ($25,000.00) for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a Dealer having an established place of business at 821 SPRINGFIELD ST, FEEDING HILLS, MA 01030-2110 in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58..

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall faithfully observe the provisions of Chapter 140, Section 58 as amended by Chapter 422 of the Acts of 2002, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. Notice of any suit under this bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to be prima facie evidence of compliance with this requirement of notice). This bond shall cover only those acts and omissions as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002.

This bond shall be continuous and may be cancelled by the Surety by giving sixty (60) days notice in writing by certified mail to the Obligee and bond shall be deemed canceled.

Dated this 13 day of January, 2026.

FREEDOM MOTOR GROUP LLC, Principal

By: _____

Travelers Casualty and Surety Company of America, Surety

By: _____

Russell E. Vance

S-6472 (4/04)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Russell E. Vance of Hartford, CT** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108401321 **Principal: FREEDOM MOTOR GROUP LLC**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024,** before me personally appeared **Bryce Grissom,** who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 13 day of January, 2026.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: Freedom motorgroup llc DBA Freedom motors

Address: 825 spfld st

City/State/Zip: Agawam ma 01001 Phone #: 413 636 1426

Are you an employer? Check the appropriate box:

1. [X] I am a employer with 1 employees (full and/ or part-time).*
2. [ ] I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. [ ] We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. [ ] We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. [X] Retail
6. [ ] Restaurant/Bar/Eating Establishment
7. [ ] Office and/or Sales (incl. real estate, auto, etc.)
8. [ ] Non-profit
9. [ ] Entertainment
10. [ ] Manufacturing
11. [ ] Health Care
12. [ ] Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Nam The Hartford

Insurer's Address: 825 Springfield St

City/State/Zip: Agawam ma 01001

Policy # or Self-ins. Lic. #_____ Expiration Date: 1/20/27

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [signature] Date: 1/13/26

Phone #: 413 636 1426

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (check one):

1. [ ] **Board of Health** 2. [ ] **Building Department** 3. [ ] **City/Town Clerk** 4. [ ] **Licensing Board**
5. [ ] **Selectmen's Office** 6. [ ] **Other** _____

Contact Person:_____ **Phone #:**_____

Massachusetts

Business Class Code and Rating

Location # 1

821 SPRINGFIELD ST FEEDING HILLS, MA 01030-2110

Business Class Code

CLASS CODE	DESCRIPTION	RATE	BLENDED RATE	PREMIUM BASIS (Rate Per $100 of Exposure)	CLASS PREMIUM
8380	AUTOMOBILE SALES OR SERVICE AGENCY & PARTS DEPARTMENT EMPLOYEES, DRIVERS	1.72	1.83	100,000	$ 1,720.00

We calculate your blended rate using policy base rates and the premium basis. It's applied to each payroll.

DESCRIPTION OF CHARGE	PREMIUM ADJUSTMENT	AMOUNT
Total Class Premium		$ 1,720.00
Total Estimated Annual Standard Premium		$ 1,720.00
Expense constant	0	$ 338.00
MA DIA Private/Public Assessment (CBAI 62) Surcharge	4.820000	$ 83.00
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement $100,000.00	0.030000	$ 30.00
TOTAL STATE ESTIMATED ANNUAL PREMIUM		**$ 2,171.00**

As required by law, workers' compensation policies are subject to an annual premium audit.

Merit and Experience Mods are tentative and subject to final calculation.

To learn more about how your premium is calculated on the payroll billing method please visit:

https://www.thehartford.com/blended

Calculating Your Premium

Here's how we ensure you're paying the correct amount for your policy.

Keep in mind that the minimum annual premium required in your state is $239.00. We are not allowed to charge less than that.

At Quote

The premium for this quote is **calculated based on your projected payroll** for the next 12 months.

During Your Term

During your policy term, your payroll may change if you:

- **Hire or terminate employees**
- **Change employee compensation**
- **Change employee job functions**
- **Pay overtime that wasn't considered originally**

End of Term Audit

The state requires us to do an audit to verify we charged you correctly.

We'll look at any changes that occurred throughout the term and calculate a final, accurate premium.

We'll reach out to you after the policy term ends to complete your audit.

At the end, you'll be refunded money you overpaid or we'll bill you the remainder.

Customers who enroll in Payroll Billing pay little to no extra premium at audit.

THE HARTFORD

Business Entity Filings

Name: FREEDOM MOTOR GROUP LLC

	Statement of Change of Resident Agent/Resident Office		01/12/2026 03:18 PM	202696438640
	Certificate of Amendment		01/08/2026 03:59 PM	202695746160
	Annual Report	2025	01/02/2026 02:11 PM	202694299810
	Annual Report	2024	01/02/2026 01:13 PM	202694279920
	Certificate of Amendment		11/13/2025 10:40 AM	202581738280
	Statement of Change of Resident Agent/Resident Office		11/11/2025 05:45 PM	202581533920
	Certificate of Organization		11/07/2023 11:34 AM	202325860040

Secretary of the Commonwealth of Massachusetts
William Francis Galvin

Business Entity Summary

ID Number: 001719925

Summary for: FREEDOM MOTOR GROUP LLC

The exact name of the Domestic Limited Liability Company (LLC): FREEDOM MOTOR GROUP LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001719925

Date of Organization in Massachusetts: 11-07-2023 **Date of Revival:**

Last date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address: 186 VALLEY BROOK RD

City or town, State, Zip code, Country: FEEDING HILLS, MA 01030 USA

The name and address of the Resident Agent:

Name: ROBIN WITASZEK

Address: 186 VALLEY BROOK RD

City or town, State, Zip code, Country: FEEDING HILLS, MA 01030 USA

The name and business address of each Manager:

MANAGER	ROBIN WITASZEK	825 SPRINGFIELD STREET AGAWAM, MA 01001 USA USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Consent **Confidential Data** **Merger Allowed** **Manufacturing**

View filings for this business entity:

ALL FILINGS

Comments or notes associated with this business entity:

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

This form is not to be faxed. Please return form to organization.

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

Town of Agawam is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Town of Agawam
(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Agawam
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Town of Agawam may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Robin A Watson — *Signature of CORI Subject*

1/13/26 — *Date*

Please provide a copy of your valid Drivers License

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: Robin Middle Initial: A

* Last Name: WITASZEK Suffix (Jr., Sr., etc.):

Former Last Name 1: Rindels

Former Last Name 2:

Former Last Name 3:

Former Last Name 4:

* Date of Birth (MM/DD/YYYY): 51 Place of Birth: SpFld Ma.

* Last **SIX** digits of Social Security Number: ☐ No Social Security Number

Sex: F Height: 5 ft. 7 in. Eye Color: Blue Race: white

Driver's License or ID Number: S14541415 State of Issue: Ma

Father's Full Name: Roger Dean Rindels

Mother's Full Name: Rose Marie Rindels

Current Address

* Street Address: 186 Valley Brook Rd

Apt. # or Suite: *City: Feeding Hills *State: Ma *Zip: 01030

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee *Date*

Search

TEMU
Temu Clearance Sale

DealerClub
Sold on DealerClub: 2018 GMC Canyon

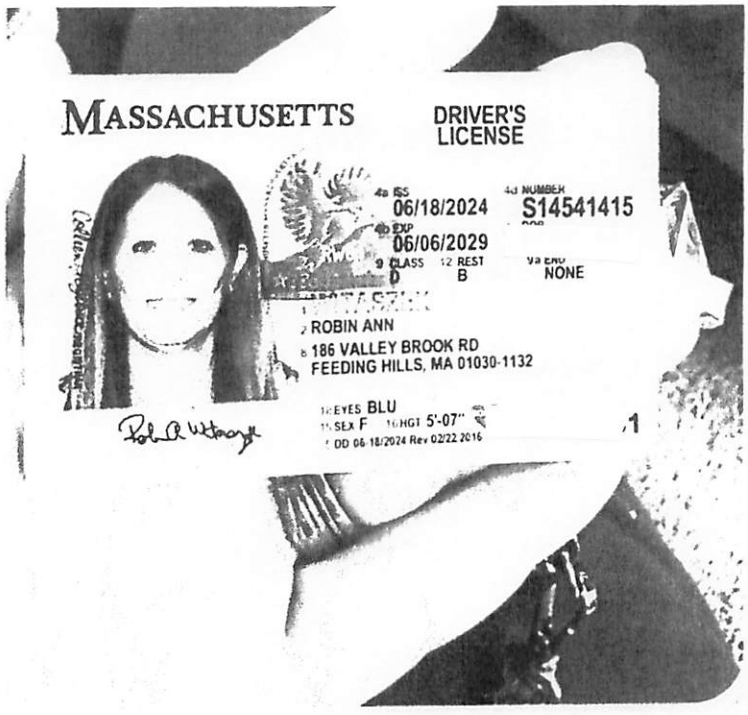
AOL
Two-step verification activated for your…

AOL
Phone number removed from your acc…

Auto Insurance Quotes
Holiday Travel, Holiday Savings - Chec…

22 Words
Your Amazon Lightning Deals (Jan 13)

Personal Backup
What's slowing down your storage?



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

Massachusetts Criminal Offender Record Information (CORI)

To Whom It May Concern:

The Massachusetts Department of Criminal Justice Information Services (DCJIS) has conducted a computerized search of the Criminal Offender Record Information database.

The attached is a true copy of matching information from the CORI database for WITASZEK, ROBIN A and date of birth (51.

Signed under the penalties of perjury this 14th day of January 2026.

Jamison R. Gagnon
Commissioner
Massachusetts Department Criminal Justice Information Services

2026 JAN 15 A 8:31

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 01/14/2026 14:31 as the response to your request submitted on 01/14/2026 14:30 with the following details:

Request Details

Request ID:	**E26STA-00042022**	Request Date/Time:	**01/14/2026 14:30**
Name:	**WITASZEK, ROBIN A**		
Former Last Name(s):	**RINDELS**		
Date of Birth:		SSN:	
Sex:	**FEMALE**	Race:	**White**
Parent 1:	**RINDELS, ROGER**	Parent 2:	**RINDELS, ROSE**

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

Massachusetts Criminal Offender Record Information (CORI)

The information contained in this response is the result of an exact match of the subject's name, date of birth, and last six digits of his or her social security number (if applicable), as submitted by the requestor, to information contained in the Massachusetts CORI database. In its discretion, the DCJIS may use the information provided by the requestor to match to other fields on the iCORI report including, but not limited to, a former name or alias field. The requestor is responsible for verifying the subject's identifying information with an acceptable type of government-issued identification at the time of its submission to the DCJIS, as well as for verifying that the identifying information contained in this record relates to the subject.

This report contains only criminal offender record information that is maintained in the Massachusetts CORI database and does not contain criminal offender record information from other states or sources. This response contains only that CORI to which the requestor is statutorily entitled, based on information provided by the requestor at the time of request.

The information contained in this CORI report is created and provided by entities other than the DCJIS. The DCJIS is not responsible for incorrect or incomplete information contained herein, or for any omissions from the contributing entities.

This CORI report is confidential. Any unauthorized access to, or dissemination of this document or the information contained therein is subject to the civil penalties set forth in M.G.L. c. 6, §168, and the criminal penalties set forth in M.G.L. c. 6, §178. Civil penalties include suspension or revocation of CORI access and monetary fines up to $5,000 for each violation. Criminal penalties include monetary fines up to $50,000, incarceration in a house of correction for up to one year, or both a fine and incarceration.

TO-2025-33

AN ORDER GRANTING OR RENEWING A CLASS 2 DEALER'S LICENSE TO PAUL J. LaPOINTE d/b/a THE CAR CONNECTION AT 820 SPRINGFIELD STREET, FEEDING HILLS, MA.

WHEREAS, Paul J. LaPointe d/b/a The Car Connection has submitted an Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles pursuant to Massachusetts General Laws, Chapter 140; and

WHEREAS, Paul J. LaPointe d/b/a The Car Connection currently holds a Class 2 Dealer's License issued by the Town of Agawam for its property located at 820 Springfield Street, Feeding Hills, MA.

NOW, THEREFORE, the Agawam City Council hereby grants Paul J. LaPointe d/b/a The Car Connection a Class 2 Dealer's License for its property located at 820 Springfield Street, Feeding Hills, MA for the period commencing on January 1, 2026 and expiring on December 31, 2026, subject to the site plan approved on November 19, 2015 by the Agawam Planning Board, all previously approved conditions and with a maximum of twenty (20) vehicles which was increased from ten vehicles.

Dated this ____ day of _____, 2026

PER ORDER OF THE AGAWAM CITY COUNCIL

_____
, President

APPROVED AS TO FORM AND LEGALITY

_____
Christopher S. Cappucci, City Solicitor

TO-2025-34

AN ORDER GRANTING OR RENEWING A CLASS 2 DEALER'S LICENSE TO V & F AUTO, INC. AT 7 HARDING STREET, AGAWAM, MA.

WHEREAS, V & F Auto, Inc. has submitted an Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles pursuant to Massachusetts General Laws, Chapter 140; and

WHEREAS, V & F Auto, Inc. currently holds a Class 2 Dealer's License issued by the Town of Agawam for its property located at 7 Harding Street, Agawam, Ma.

NOW, THEREFORE, the Agawam City Council hereby grants V & F Auto, Inc. a Class 2 Dealer's License for its property located at 7 Harding Street, Agawam, MA for the period commencing on January 1, 2026 and expiring on December 31, 2026, subject to the previously approved site plan dated July 18, 2013, all previously approved conditions and with a maximum of fifty (50) vehicles.

Dated this ____ day of _____, 2026

PER ORDER OF THE AGAWAM CITY COUNCIL

_____
, President

APPROVED AS TO FORM AND LEGALITY

_____
Christopher S. Cappucci, City Solicitor