



TOWN OF
SEABROOK, NEW HAMPSHIRE

99 LAFAYETTE ROAD ■ PO Box 456

SEABROOK, NH 03874-0456

PHONE: (603) 474-3311 ■ FAX: (603) 474-8007

www.seabrooknh.info

STATE OF NEW HAMPSHIRE
TOWN OF SEABROOK

BUSINESS LICENSE PERMIT

Issue Date: **May 02, 2023**

Expiration Date: **Dec 31, 2023**

Business Name: **E-TECHNOLOGIES GROUP, LLC**

Address of Business Location: **135 FOLLY MILL RD**

Owner and Address: **KRISTINE GERIKE**

135 FOLLY MILL ROAD SEABROOK, NH 03874

Board of Selectman

Theresa A. Kyle, Chairman

Srinivasan Ravikumar, Vice Chairman

Harold F. Eaton, Clerk

*This permit is subject to the ordinances and regulations of the Town of Seabrook.
All businesses shall be licensed on an annual basis until and/or unless the licensed premises are
vacated, relocated or ownership of the business is changed or permit holder is no longer in
compliance with federal or state regulations or those of the Town of Seabrook.*

THIS PERMIT IS NOT TRANSFERABLE

**THIS PERMIT MUST BE POSTED IN A PROMINENT PLACE AT THE BUSINESS
LOCATION**

FEB 15 2023

Town of Seabrook, NH

New

BUSINESS LICENSE APPLICATION

TOWN OF SEABROOK
BUILDING & HEALTH
PO BOX 456
SEABROOK NH 03874
(603) 474-3871

Date: 2/8/23
Fee: \$100

All New Business Applications are valid between the date they're approved and December 31st of that year. Renewals must be in by December 15th of their expiring year. No license will be issued to a business in a new building until the building is granted a certificate of occupancy and all departments sign off after their inspections. The application must be complete and legible. Checks can be made to the Town Of Seabrook.

Section 1

Business Name: E-Technologies Group, LLC
Physical Address: 135 Folly Mill Rd Unit #:
Mailing Address: 5960 Southport Rd, Portage, IN 46368
Business Telephone: 219-762-0700 Emergency Telephone: 603-770-5796
Owner's Name: E-Technologies Group, Inc E-Mail: mcowles@etechgroup.com

Section 2

Property Owner's Name: L.P. Superior Realty
Property Owner's Mailing Address: PO Box 457, Seabrook, NH 03874
Property Owner's Telephone #: 603-468-3000
Property Owner's Signature: [Signature]

Section 3: Business Information Commercial: X Industrial: Home Office:
Are there any hazardous or explosive materials manufactured or stored on site? YES NO

If Yes, Please Describe:

Type of Business: Full service automation + controls systems integrator
I hereby certify that all of the information presented is true & accurate

[Signature]
Signature of Applicant
(or authorized persons)

DEPARTMENT APPROVALS

Table with 5 columns: Building/Health, Water Dept., Sewer Dept., Fire Dept., Police Dept. Each column has options for Approved, Not Approved, and Date.

Map: Lot: Seq:

Town of Seabrook, New Hampshire
Commercial/Industrial Wastewater Questionnaire

IMPORTANT: Completion of this form is required of all non-residential sewer users. The information provided will be used in determining the appropriate Sewer User Classification for your business or organization. All items must be completed. Incomplete forms will be returned. Please print or type. Attach additional pages if necessary.

NOTE: Any business that holds a current Seabrook Industrial Wastewater Discharge Permit may attach a copy of the first page of their permit in lieu of completing this form.

NOTE: Any business that has a current Class 4 or Class 5 Commercial/Industrial Sewer User Classification may attach a copy of their Notice of Classification in lieu of completing this form.

Name of Business or Organization: <u>E-Technologies Group, LLC</u>	
Physical (Street) Address: <u>135 Folly Mill Rd</u>	Phone: <u>603-468-3000</u>
Business Owned by: <u>E-Technologies Group, Inc</u>	
Authorized Representative**: <u>Kristine Gerike</u>	Title <u>Divisional Controller</u>
Mailing Address (if different): <u>5960 Southport Rd, Portage, IN 46368</u>	
Phone (if different): <u>219-762-0700</u>	Facility NAICS Code(s) <u>official user only</u>

1. What types of business and/or activities are carried out at this location? **PLEASE DESCRIBE FULLY**
Full service automation + control systems integrator

2. Number of employees: Shift 1 61 Shift 2 _____ Shift 3 _____ Total 61

3. Hours of operation: M 9a-5p T 9a-5p W 9a-5p Th 9a-5p F 9a-5p Sa _____ Su _____

4. Does this business discharge any wastewater to the Town sewer system other than normal bathroom wastes?
If "yes", describe: No

5. Identify all on-site wastewater treatment: If none, place an "X" here:

Grease Interceptors (sizes & numbers)	Grit or Sand Traps (sizes & numbers)	Oil/Water Separators (sizes & numbers)	Other Pretreatment (describe)

6. Are there any floor drains at this location? No If so, please give their number & locations, and describe the specific purpose of each.

7. Is there a fire sprinkler system at this location? Yes

8. In the next five years, do you anticipate any major facility expansion or change in the activities performed? If "yes", describe: No

9. Does this facility meet any of the federal or State of New Hampshire definition for a "Hazardous Waste Generator"? No If "yes", describe: _____

10. Please list all potentially dangerous or hazardous chemicals that are kept in this facility in containers larger than five (5) gallons. Estimate the typical quantity of each chemical that is kept on hand. Your list must include, but is not limited to, all fuels, oils, solvents, soaps & cleaning solutions, disinfectants, inks & paints, pesticides, and industrial chemicals. Use separate pages if needed. If none, place an "X" here:

Chemical Name	Use or Purpose	Typical Quantity On-hand

11. What are the various ways water is used at this location? Estimate the average amount used for each purpose.

	Purpose or Use	Gallons Per Day
a.	bathroom waste (may estimate using 13 gallons per employee; 3 gallons per customer)	793
b.		
c.		
d.		

12. Is there a water well at this location? No When was it last used? _____

13. Other than storm water, is any water discharged from this location to a lake, stream, private sewer, leach field, injection well, or anyplace else other than the Town sewer? If so, describe: No

14. Has this business ever been the subject of a notification, citation, fine, warning, order, or other governmental enforcement action with respect to an environmental compliance issue? No

Certification:

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my personal knowledge and/or my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or Imprisonment, according to Article X of the Sewer System Ordinance of the Town of Seabrook, New Hampshire.

Hustina D. Henriquez

Authorized Representative**

Divisional Controller

Title

1/26/2023

Date

** As used herein, the term Authorized Representative is defined as a legally appointed corporate officer, general partner or sole proprietor, or a primary manager who has written authority to sign legal documents on behalf of the company or organization.

Please direct any questions to: Industrial Pretreatment Program Manager, Town of Seabrook, P.O. Box 456, Seabrook, NH 03874-0456 (603) 474-8012 ext. 11 tcampbell@seabrooknh.org

Seabrook Police Department
7 Liberty Lane
Seabrook, New Hampshire 03874
603-474-5200

Filing Date: 1/24/2023

BUSINESS NAME: E-Technologies Group, LLC

BUSINESS ADDRESS: 135 Folly Mill Rd

BUSINESS TELEPHONE NO.: 603-468-3000

BUSINESS FAX NO.: _____

IS THERE A SAFE ON THE PREMISES? YES _____ NO X

IS THE BUSINESS ALARMED Yes X No _____

Alarm Company Name: Eastern Alarms & Communications, INC

Alarm Company Tele NO.: 800-639-1601

IF THERE ARE ZONES, PLEASE LIST WHAT ZONE AND WHERE IT'S LOCATED.

Alarm Type(s):

X Motion _____ Panic _____ Silent _____ X Audible _____ Fire _____

Business Owner's Name: Rick Pierro

Business Owner's Home Address: 109 Drinkwater Rd, Hampton Falls, NH 03844

Business Owner's Home Tele NO.: 603-770-5796

Emergency Contacts (Primary, Secondary, Etc.)

1) Rick Pierro 603-770-5796
Name Telephone #

2) Mark LaRoche 603-608-8300
Name Telephone #

3) _____
Name Telephone #

POLICE USE ONLY
Account #: _____

CBMS - Business License

STAFF ONLY: Required Department Approvals (staff will select/highlight all department approvals required for this application):

Hold the CTRL key while you click to select multiple addresses -

- Police Dept. - B. Walker
- Water Department
- Police Department
- Police Dept. - J. Reinhold
- Fire Dept. - K. McDonald
- Fire Department
- Building/Health Department
- Sewer Department
- Steve Keaney
- Fire Dept. - Dispatch






Send Email to Other Town Departments for Approval:

- Yes
- No

STAFF ONLY - Add a Department Approval:



STAFF ONLY - Department Decisions To Date:

- Fire Department - Approved 
 - Building/Health Department - Approved 
 - Sewer Department - Approved 
 - Water Department - Approved 
 - Police Dept. - B. Walker - Approved 
- less...

STAFF ONLY - Date All Required Department Decisions Completed:

May 22, 2020  clear

The Building Department will begin its review of the Application once all Department Approvals are completed. The Building Department's review must be completed