



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: **Jun 26, 2023**

Expiration Date: **Dec 31, 2023**

Business Name: **SHORE POINT TECHNOLOGY, LLC**

Address of Business Location: **139 FOLLY MILL RD**

Owner and Address: **GREG RASO**

P.O. BOX 1110 SEABROOK, NH 03874

Board of Selectmen

Chairman

Vice Chairman

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**

OCT 31 2022

New

Town of Seabrook, NH

BUSINESS LICENSE APPLICATION

10-31-22

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

Date: ~~10-27~~
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: Shore Point Technology LLC

Physical Address: 139 Follen Mill Road Unit #: _____

Mailing Address: PO Box 1110

Business Telephone: 603-474-0860 Emergency Telephone: Same

Owner's Name: Greg Raso E-Mail: graso@sptllc.com

Section 2

Property Owner's Name: _____

Property Owner's Mailing Address: Same

Property Owner's Telephone #: Same

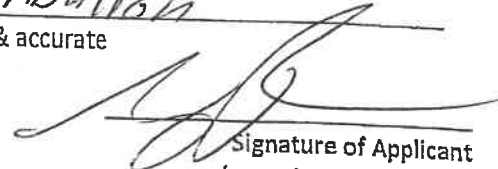
Property Owner's Signature: _____

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

If Yes, Please Describe: _____

Type of Business: Electronic Distribution

I hereby certify that all of the information presented is true & accurate


Signature of Applicant
(or authorized persons)

DEPARTMENT APPROVALS

<u>Building /Health</u>	<u>Water Dept.</u>	<u>Sewer Dept.</u>	<u>Fire Dept.</u>	<u>Police Dept.</u>
___ Approved	___ Approved	___ Approved	___ Approved	___ Approved
___ Not Approved	___ Not Approved	___ Not Approved	___ Not Approved	___ Not Approved
Date: _____	Date: _____	Date: _____	Date: _____	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>Shore Point Technology LLC</u>	
Physical (Street) Address: <u>199 Folly Mill Rd</u>	Phone: <u>603-474-0860</u>
Business Owned by: <u>Greg Kaso</u>	
Authorized Representative**:	Title:
Mailing Address (if different):	
Phone (if different):	Facility NAICS Code(s) <u> </u>

1. What types of business and/or activities are carried out at this location? **PLEASE DESCRIBE FULLY**

Electronic Distribution

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

3. Hours of operation: M X T X W X Th X F X 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? 1 Yes

8. In the next five years, do you anticipate any major facility expansion or change in the activities performed? If "yes", describe:

9. Does this facility meet any of the federal or State of New Hampshire definition for a "Hazardous Waste Generator"? _____ 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)	13
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.

Authorized Representative**

Title

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: 10-31-22

BUSINESS NAME: Shore Point Technology LLC

BUSINESS ADDRESS: 139 Folly Mill Rd

BUSINESS TELEPHONE NO.: 603-474-0860

BUSINESS FAX NO.: 603 474 0863

IS THERE A SAFE ON THE PREMISES? YES _____ NO

IS THE BUSINESS ALARMED Yes No _____

Alarm Company Name: _____

Alarm Company Tele NO.: _____

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

Alarm Type(s):

Motion _____ Panic _____ Silent _____ Audible _____ Fire _____

Business Owner's Name: _____

Business Owner's Home Address: _____

Business Owner's Home Tele NO.: _____

Emergency Contacts (Primary, Secondary, Etc.)

1) _____
Name Telephone #

2) _____
Name Telephone #

3) _____
Name Telephone #

POLICE USE ONLY
Account #: _____



SEABROOK FIRE DEPARTMENT

87 Centennial Street

Seabrook, NH 03874

Phone: 603-474-2611 Fax: 603-474-5187

seabrooknh.info



William J Edwards

Fire Chief

603-474-3880

Lawrence "Koko" Perkins

Deputy Fire Chief

603-474-5300

FILING DATE: 10-31-22	
BUSINESS NAME: Shore Point Technology LLC	PHONE #: 603-474-0860
BUSINESS ADDRESS: 139 Folly Mill Rd	UNIT #
FAX: 603-474-0867	BUSINESS EMAIL:
BUSINESS OWNER'S NAME:	
BUSINESS OWNER'S HOME ADDRESS:	
BUSINESS OWNER'S PHONE #	
EMERGENCY CONTACTS (PRIMARY, SECONDARY, ETC.)	
NAME	TELEPHONE NUMBER
1. Greg Kaso	603-765-2040
2.	
3.	
IS THERE A LOCK BOX OR KNOX BOX ON SITE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LOCK BOX CODE:
IS THE BUSINESS ALARMED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ALARM TYPE:
ALARM COMPANY NAME:	ALARM COMPANY PHONE #:
IF THERE ARE ZONES, PLEASE LIST HOW MANY AND WHAT THEY ARE LABELED AS:	
PROPERTY OWNER:	
PROPERTY OWNER PHONE #:	
PROPERTY OWNER HOME ADDRESS:	
ARE THERE ANY HAZARDOUS OR EXPLOSIVE MATERIALS ONSITE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES; WHAT?	

CBMS - Business License

Print | Search | Import | Export | Export Blank | OWNER

department approvals required for this application.

Hold the CTRL key while you click to select multiple addresses

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

Send Email to Other Town Departments for Approval:

Yes

 No

STAFF ONLY - Add a Department Approval:



STAFF ONLY - Department Decisions To Date:

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

STAFF ONLY - Date All Required Department Decisions Completed:

January 23, 2023  clear

The Building Department will begin its review of the Application once