

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:	Sep 05,	2024	Expiration Date:	Dec 31, 2024
Busines	ss Name:	BAYBERRY FINANC	CIAL SERVICES CORP	
Address of Business	Location:	5 BATCHELDER RD		
Owner and	Address:	PAUL MONTRONE		
		5 BATCHELDER RC	OAD SEABROOK, NH 03	3874
		Board of Selectmen	n	
			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

NEW

BUSINESS LICENSE APPLICATION

BUILDING & HEALTH

APR 1 7 2024

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

	1.1	-	1		
Date:	411	7/	20	2	4

Fee: \$250.00

Town of Seabrook, NH

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: Baxberry Financial Services CORP
Dustriess Name. Defende
Physical Address: 5 Batchelder Rd Unit #:
Mailing Address: 5 Batchelder Pd
Business Telephone: 603-929-2300 Emergency Telephone:
Owner's Name: Park M. MONTRONE E-Mail: Accounting @ bayberry tingscia
Property Owner's Name: Wolfsboro Real Estate UC (boat trailers)
Property Owner's Mailing Address: 5 Batchelder Rd Seahnook, 14
Property Owner's Telephone #: 603-929-2300
Property Owner's Signature: About House Asthocized Ages
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: FAMICY OFFICE
I hereby certify that all of the information presented is true & accurate
Robert T. Gagalis Manager Signature of Applicant
General Muniagee Signature of Applicant
Bayberry F: marid Services (or authorized persons)
DEPARTMENT APPROVALS Building (Health Water Dept. Sewer Dept. Fire Dept. Police Dept.
Building / Health Water Dept. Sewer Sept. Approved
Not Approved Not Approved Not Approved Not Approved Not Approved Not Approved
Date: Date: Date:

Map:___ Lot:____ Seq: ____

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.

<u>NOTE:</u> 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.

	24.45	2011 6:11	win sEpinEs CORP
Name of Business or Or	ganization: BATISE	ERRY FINAN	Phone: 602-929-2300
Physical (Street) Addres	is: 5 Botchelo	ner Ry	Phone: 603-929-23a
Business Owned by:	Page M. Mon	1 - 10	all some
Authorized Representati	ive**:	Jan.	Title Gog Manage
	'annels	00	
Mailing Address (if diff	603 929-	224/ Faci	lity NAICS Code(s) official use only
1. What types of busing	ness and/or activities are	carried out at this loca	ation? PLEASE DESCRIBE FULLY
other finge	ial sorvices	to the Mon	entity, tax and affiliates
2 Number of employ	ees: Shift 1 25	Shift 2	Shift 3 Total Total
3. Hours of operation	: м 8-5 т 8-5	W 8-5 Th 8	-5 F 6-5 Sa Su
4. Does this business If "yes", describe:	discharge any wastewar	ter to the Town sewer s	system other than normal bathroom wastes?
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)
(Sizes & Italifocis)	(SIZES STREET		
6. Are there any floo the specific purpose of	or drains at this location feach.	? If so, pleas	e give their number & locations, and describe
7. Is there a fire spring	nkler system at this loca	ation? YES	
8. In the next five ye "yes", describe:	ears, do you anticipate a	ny major facility expan	nsion or change in the activities performed? If
			Sewer Department

Town of Seabrook, New Hampshire

Form rev: May 4, 2007

9. Does this facility meet any of the f			ious waste	
Generator"? No If "yes", descr	ibe:		and the state of t	
10. Please list all potentially dangero than five (5) gallons. Estimate the typ but is not limited to, all fuels, oils, so and industrial chemicals. Use separat	sical quantity of each chemical that is a polyents, soaps & cleaning solutions, di	sinfectants, inks &	paints, pesticides,	
Chemical Name	Use or Purpose	Typical Quantity On-hand		
11. What are the various ways water	is used at this location? Estimate the a	verage amount used	d for each purpose.	
	Purpose or Use		Gallons Per Day	
a. bathroom waste (may estimate	using 13 gallons per employee; 3 gallo	ons per customer)	75	
	to.			
c.		, o		
d.				
13. Other than storm water, is any winjection well, or anyplace else other	when was it last was at discharged from this location to a than the Town sewer? If so, describe subject of a notification, citation, fine.	lake, stream, prival	other governmental	
enforcement action with respect to a	in environmental compliance issue?	No		
and attachments. Based upon immediately responsible for submitted Information is true penalties for submitting false according to Article X of the Hampshire Authorized Representative*	Description is defined as a legally appro-	ported herein, I maware that the ibility of fine and of the Town of the	believe that the ere are significant dor imprisonment, of Seabrook, New Date	

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

Site Inquiry printed on: 04/17/2024

Page: 1

Location: BAYBERRY FINANCIAL Address: 5 BATCHELDER RD

Seabrook , NH 03874

Location Phone: 603-929-2300

Owner: ROB BYERS

Phone: 603-923-7679

Primary Contact: ZACH GOODOLE

Phone: 413-575-4750

Alarm Company: ONE SOURCE SECURITY

Alarm Phone: 603-645-5659

Directions for BATCHELDER RD 107 at Master McGrath's.

Site Particulars

Jur / Site: SEA 175

Zone: Z1 - West End

Alarm: None Box Alarm#: 938

** CAUTIONS ** CAUTIONS ** CAUTIONS **

Dispatch

SAFE ON PREMISE

Employees/Contacts (O|B Key: O=Owner, B=Bill)

Name

Title

TYPE OIB GOODOLE, ZACH - OTHER NH

Other #>413-575-4750

PRI OI

BYERS, ROB

Other #>603-923-7679

OTH |

ROULEAU, AL

Other #>603-234-0958

Site Alias

Alias Name

PRIVATE JET SERVICES GROUP

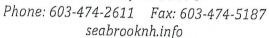
Active/Inactive

Active



SEABROOK FIRE DEPARTMENT

87 Centennial Street Seabrook, NH 03874





William J Edwards Fire Chief 603-474-3880 Lawrence "Koko" Perkins Deputy Fire Chief 603-474-5300

FILING DATE:				
BUSINESS NAME: Bayberry	Financial Se	evic	es Corp PHONE #: 603 928 2	300
BUSINESS ADDRESS: 5 6	trhelder	Ry	UNIT#	
FAX:	BUSINESS EM	AIL:	accounting by barry finance	ial co
BUSINESS OWNER'S NAME:	Paul M	1	Pontron	15 (17)
BUSINESS OWNER'S HOME AD	DRESS:	,		
BUSINESS OWNER'S PHONE #	603-9	729	9-2300	
EMERGEN	CY CONTACTS	(PRII	MARY, SECONDARY, ETC.)	
NAME		TEL	EPHONE NUMBER	
1. Zach Goodale		4	13-575-4750	
2. Rob Byens		60	03-923-7679	
3. Al Povleau		6	03-234 - 0958	
IS THERE A LOCK BOX OR KNOX BOX ON SITE?	YES NO)	LOCK BOX CODE: 3825	300 - 400 C
IS THE BUSINESS ALARMED?	YES NO	0	ALARM TYPE: Direct	
ALARM COMPANY NAME:	NA	ALA	ARM COMPANY PHONE #:	
IF THERE ARE ZONES, PLEASI	E LIST HOW MA	ANY	AND WHAT THEY ARE LABELED AS:	
			AS.	
PROPERTY OWNER:	and the second of the second	1	PROPERTY OWNER PHONE #:	The State of the S
Spring Rose Realty L	LC		603 929 2300	
PROPERTY OWNER HOME AD	DRESS: 5	Pata	below ld segbook	
ARE THERE ANY HAZARDOUS	OR EXPLOSIV	EM	ATERIALS ONSITE? YES	NO
IF YES; WHAT?				
T				

within 30 Days.

Approvals are completed. The Building Department's review must be completed