

## Sales or Delivery Service Application Non-Residential Customer

This application is for Non-Residential electric and/or gas service with Niagara Mohawk, a National Grid Company. Please do not use this form to apply for Residential rates.

As a Niagara Mohawk non-residential customer, you agree to pay for service according to the rates, charges and terms of your service classification and in accordance with the provisions of the applicable (electric and gas) Niagara Mohawk rate schedule. Copies of our rate schedules are available upon request or at our website [www.niagaramohawk.com](http://www.niagaramohawk.com).

Special Note to Applicant: A Security Deposit may be required based on a credit analysis.

**Please print your answers and sign Part C at the end of this application.**

Today's Date:	<b>FOR OFFICE USE ONLY</b>	
	Account Number:	
<p><b>To be completed by ALL applicants:</b> The Public Service Law, Section 76, permits certain corporations or associations organized and conducted in good faith for religious purposes, including the operation by such corporation or association of a school, notwithstanding that secular subjects are taught at such school, certain community residences as defined in the Mental Hygiene Law, and posts or halls, owned or leased by a not-for-profit corporation that is a veterans' organization, to receive services at rates no greater than the rates charged to residential customers, (see the Additional Information section of this form for details). Residential rates are lower than commercial rates for most customers but not for every customer. If Niagara Mohawk denies the customer residential rates, the company shall, upon written request, inspect the applicant's premises and review the company's decision in light of the information obtained from such an inspection. The applicant may appeal Niagara Mohawk's denial of residential rates to the Public Service Commission.</p>		
<p>Applicant/Applicant's Representative acknowledges this section has been read <b>OR</b> Applicant is applying for Residential Rates</p>		
<b>Part A. New Account Information</b>		
Applicant (Person and/or Business responsible for new account):		
Applicant's entity is established as:		
<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> Limited/General Partnership <input type="checkbox"/> Other		
Sales Tax Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable <input type="checkbox"/> Partially Exempt		
If you claim non-taxable or partially exempt, the appropriate exempt certification <b>MUST BE ATTACHED</b> to this form.		
Date of Incorporation	State of Incorporation	Tax payer ID Number or Social Security Number
Business Name		
Doing Business As (if applicable)		Date DBA is Authorized to do Business in NYS
Mailing Address	State	Zip
Service Address	State	Zip
Owner/Landlord/Access Controller Name		Telephone Number
Owner/Landlord/Access Controller Address		State      Zip

Questions? Please contact our Commercial and Industrial Team at 1-800-664-6729 from 8am to 5pm Monday through Friday.

<b>Part A. New Account Information – Continued</b>			
(1) Name of Principal Owner, Partner or Officer		Title	
Home Address		State	Zip
Social Security Number		Home Telephone	
(2) Name of Principal Owner, Partner or Officer		Title	
Home Address		State	Zip
Social Security Number		Home Telephone	
(3) Name of Principal Owner, Partner or Officer		Title	
Home Address		State	Zip
Social Security Number		Home Telephone	
<b>Financial Institution Information</b>			
Financial Institution		Account Type	Account Number
Address		City	State Zip
<b>Part B. Service Classification</b>			
<p>The cost of service may vary depending on service classification. There are eligibility requirements for each service classification. A customer may be eligible for service under more than one service classification and certain classifications may be more beneficial than others. You may want to consult your contractor for help in completing this form.</p> <p>If the service classification information provided is inaccurate or incomplete, the customer may be subject to backbilling on the correct service classification, or may be precluded from receiving a refund for over charges based on the correct service classification.</p> <p>It is important for you to answer the following questions accurately and completely to determine the proper service classification for your account.</p> <p>1. <b>SERVICE BEING REQUESTED:</b>                      <input type="checkbox"/> Electric                      <input type="checkbox"/> Gas                      <input type="checkbox"/> Electric &amp; Gas</p> <p>2. <b>DATE YOU ARE RESPONSIBLE FOR ACCOUNT:</b>        _____ / _____ / _____</p> <p>3. <b>ARE YOU OPERATING THE SAME TYPE OF BUSINESS AS THE PREVIOUS OCCUPANT OF THIS PREMISE?</b>  <input type="checkbox"/> Yes        <input type="checkbox"/> No</p>			

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**Part B. Service Classification – Continued**

**4. USE OF SERVICE FOR RESIDENTIAL PURPOSES:**

- A. Is any part of the structure served by this meter(s) used for RESIDENTIAL purposes, such as rooms for rent, apartments, or your own residence?  Yes  No (if answer is NO, go to number 5)
- B. Are your residence and your business in the same structure and are both areas served by the same meter?  
 Yes  No
- 1) How many individual rooms are devoted to your business? \_\_\_\_\_
- 2) Of the total area of the structure, what percentage of space is devoted to your business? \_\_\_\_\_
- 3) How many employees, if any, work for you at this location? \_\_\_\_\_
- C. How many individual residential units are provided for the following ELECTRIC services?  
Lighting \_\_\_\_\_ Heating \_\_\_\_\_ Water Heating \_\_\_\_\_ Cooking \_\_\_\_\_  
Common area Lighting/Heating \_\_\_\_\_ (Basement, Hallway, etc.)
- D. How many individual residential units are provided for the following GAS services?  
Lighting \_\_\_\_\_ Heating \_\_\_\_\_ Water Heating \_\_\_\_\_ Cooking \_\_\_\_\_  
Common area Lighting/Heating \_\_\_\_\_ (Basement, Hallway, etc.)

**5. ELECTRIC INFORMATION:**

- A. The amount of electricity you use and how you use it will generally determine the rate at which you'll be billed. Which of the following best describes your business or premises? (Check only one)
- Store, Restaurant, Commercial Office. Indicate Type: \_\_\_\_\_
- Medical or professional office building or suite
- Apartment or premises, in a residential building, where business is also conducted (doctor's office, beauty parlor, real estate, etc.)
- Hotel, motel, hospital, nursing home
- Religious use, such as a house of worship, living quarters for the clergy, rectory or parochial school
- Other (Describe) \_\_\_\_\_
- B. Which of the following best describes your use of electricity? (Check only one)
- Exclusively for hall lighting, elevators, and other common areas of apartment or commercial building
- Entire premises for your own use (Example: retail store)
- Entire premises, including redistributing electricity to:  Residential tenant  Commercial tenants
- C. Do you have (Check all that apply):
- An emergency generator  Electric space heating  Electric hot water heating

**6. GAS INFORMATION:**

- A. The amount of gas you use and how you use it will generally determine the rate at which you will be billed. Which of the following best describes your business or premises? (Check only one)
- |  |  |   |
|--|--|---|
| <u>Non-Human Needs</u>   | <u>Human Needs</u>   |   |
| <input type="checkbox"/> Store, restaurant, commercial office  | <input type="checkbox"/> Apartment House                         | <input type="checkbox"/> Medical or Dental Office or Clinic |
| <input type="checkbox"/> Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school | <input type="checkbox"/> Mobile Home Park                        | <input type="checkbox"/> Rooming or Boarding House          |
| <input type="checkbox"/> Veteran' Organization   | <input type="checkbox"/> Correctional Facility                   | <input type="checkbox"/> Nursing Home                       |
|  | <input type="checkbox"/> General Medical or Psychiatric Hospital |   |
- B. Check ALL the uses of gas which apply to this account:
- Hot water heating  Laundry Dryers  Dual-fuel burner
- Commercial cooking  Space heating  Gas redistribution to tenants for cooking
- Gas air-conditioning  Electricity generator
- Other: \_\_\_\_\_
- C. Is your business located at a Building of Public Assembly as described below?
- \_\_\_\_\_ School, Hospital, Nursing Home, or Institution licensed by NYS for the Care of Children
- \_\_\_\_\_ Factory which normally employs 75 or more people
- \_\_\_\_\_ Other building with nominal capacity of 75 or more persons to which public is regularly admitted (excluding those used solely as office buildings or residential apartments and normally have no other utilization in excess of the 75-person limit).

**7. ENERGY PROFILE:**

- A. Do you use the same amount of electricity or gas each month? If not, please describe your usage pattern.
- Electric service usage pattern \_\_\_\_\_ Kilowatt Hours (KWH) \_\_\_\_\_ Kilowatts (KW) \_\_\_\_\_
- Gas service usage pattern (therms per month) \_\_\_\_\_

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**Part B. Service Classification – Continued**

**B.** Do you know what high consumption equipment you will be using? If so, enter below; if not, leave blank.

<b>ELECTRIC EQUIPMENT: Type (e.g., air conditioner)</b>	<b>Kilowatts (kws)</b>	<b>Horsepower (HP)</b>	<b>No. of Units</b>	<b>GAS EQUIPMENT: Type (e.g., furnace)</b>	<b>British Thermal Units (BTUs)</b>	<b>No. of Units</b>
1.				1.		
2.				2.		
3.				3.		

**C.** Have you or do you plan to add or remove any equipment, make any renovations, or implement any changes to your business operations that would significantly increase or decrease the amount of electricity and/or gas compared to the previous occupant?  
 **Yes**     **No**    **If yes, please provide details:** \_\_\_\_\_

**D.** You have the right to request that we perform an inspection to assure the accuracy of the meter(s) on which you were billed. To request such an inspection, place an "X" here: \_\_\_\_\_

**Based on your responses, we have determined the following information:**

<b>Type of Service</b>	<b>Rate</b>	<b>Revenue Class</b>	<b>SIC Code</b>	<b>Assigned by</b>	<b>Date</b>
Electric					
Gas					

**Part C. SIGNATURE**

To the best of my knowledge, the information provided in this application is accurate and no attempt has been made to misrepresent the facts. With my signature below, I also acknowledge that I have been provided with "Your Rights and Responsibilities as a Non-Residential Customer."

Application submitted by: (Name – please print) \_\_\_\_\_ Title \_\_\_\_\_

Full Signature \_\_\_\_\_

**For Office Use Only**

Date Request Received \_\_\_\_\_ Date Service Requested For \_\_\_\_\_

Security Deposit  Yes     No    Amount (if applicable) \_\_\_\_\_ Company Representative \_\_\_\_\_

Types of Documents Received \_\_\_\_\_  
 Complete  Yes     No    Date Returned to Applicant (if applicable) \_\_\_\_\_

Application Status	Approved by _____	Date _____	Service provided on _____
	Denied by _____	Date Denial Issued _____	Denial Reason _____

Questions? Please contact our Commercial and Industrial Team at 1-800-664-6729 from 8am to 5pm Monday through Friday.

#### **ADDITIONAL INFORMATION:**

#### **If you are applying for residential rates as a religious organization, community residence, or a veterans' organization:**

Certain religious organizations, community residences, as defined in the Mental Hygiene Law, and posts or halls, owned or leased by a not-for-profit corporation that is a veterans' organization, **may** have the choice of being billed under either residential rates or commercial rates.

For most customers, if you qualify, residential rates are more economical. To receive service under residential rates, you must document your eligibility by attaching the requested information to the Application For Service For Non-Residential Customers. If you submit sufficient documentation to Niagara Mohawk at a later date, the account will be transferred to residential rates as of the date we receive the documents.

If this is a religious organization, you are eligible for residential rates if all of the following apply: the premises are used primarily and principally for religious purposes, (e.g. for divine worship or other religious observances) or is a school operated by a religious organization with required religious instruction, notwithstanding that secular subjects are taught at such school. To qualify for residential rates, you must provide documentation of your eligibility. Examples of acceptable proof include, but are not limited to: Certificate of Incorporation under the NYS Religious Corporations Law or Education Law; religious charter; letter from a recognized "parent" religious organization; religious designation from the IRS or other governmental agency; or other reasonable documentation that shows your group is organized, in good faith, for religious purposes and that the premises are used primarily and principally for religious purposes. Niagara Mohawk reserves the right to request additional documentation in support of a residential rate. If you apply for and are denied residential rates, you may request, in writing, that we inspect the premises and review the rate determination in light of the information obtained from the inspection. You may also appeal the rate classification to the Public Service Commission.

If this is a community residence, you are eligible for residential rates if all of the following apply: if as defined in the Mental Hygiene Law operated by a not-for-profit corporation and are either (1) a "supervised living facility" (as defined in the Mental Hygiene Law) providing 24-hour per day on-site supervision and living accommodations for 14 or fewer residents; or (2) a "supportive living facility" (as defined in the Mental Hygiene Law) providing supervised independent living without 24-hour per day on-site supervision. To qualify for residential rates, you must document your eligibility by providing a copy of your Certificate of Incorporation under the Not-For-Profit Corporation Law and license from the NYS Office of Mental Hygiene or the NYS Office of Mental Retardation and Developmental Disabilities. NOTE: Usage must be primarily and principally in connection with a community residence.

If this is a veterans' organization, you are eligible for residential rates under Section 76 of Public Service Law, if the following apply: the premises is a post or hall owned or leased by a not-for-profit veterans' organization. To qualify for residential rates, eligible customers must submit certification of their status as an organization exempt under IRC Section 501(c)(19).

#### **INFORMATION ABOUT NIAGARA MOHAWK ACCOUNTS**

**You May Be Required To Pay A Deposit:** You may be required to pay a deposit when applying for service. You can call in advance to find out approximately what that amount will be. We determine the amount of the deposit. For heating customers, we base the deposit on the cost of two months' service during the heating season.

**Security Deposit Information:** New non-residential customers are required to pay a deposit when applying for service. Interest is applied only for cash deposits to your account annually at a rate set by the Public Service Commission.

**If you have questions about any of the above items, please check with your accountant or call the NYS Dept. of Taxation and Finance at 1-800-225-5829.**

#### **HOW TO REACH US BY PHONE**

Call our Commercial Team Service number at 1-800-664-6729 from 8 am to 5 pm, five days a week. Have your account number ready.