

**TOWN OF SEABROOK  
BUILDING & HEALTH  
PO BOX 456  
SEABROOK, NH 03874-0456  
(603) 474-3871**

**BUSINESS LICENSE APPLICATION**

In accordance with the Town of Seabrook Business License Ordinance adopted by the Town on March 11, 2008, Warrant Article 41 to allow the Board of Selectmen to establish and amend fees in accordance with the provision of RSA 41:9-a, provided the Board of Selectmen shall post notice and hold a public hearing prior to any fees taking effect, as otherwise required by law. Initial Business License \$100 and renewal Business License \$25.

**PLEASE PRINT CLEARLY**

DATE: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

**Section 1:**

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Emergency Telephone #: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_

**Section 2:**

Type of Business: \_\_\_\_\_  
(Description)

\_\_\_\_\_ Commercial \_\_\_\_\_ Industrial

Are there any hazardous or explosive materials manufactured or stored on site? Yes/No (circle one)

If yes please describe: \_\_\_\_\_

**Section 3:**

Landowner's Name: \_\_\_\_\_

Landowner's Address: \_\_\_\_\_

Landowner's Telephone #: \_\_\_\_\_

Landowner's Signature: \_\_\_\_\_

I certify that I have read the foregoing application and affirm that every statement I have made herein is true and correctly set forth and I also certify that I have read and am familiar with the Town Ordinances concerning businesses as well as the Town Zoning, Building, Health & Safety regulations and with the State Laws relating to the explosive and hazardous materials.

\_\_\_\_\_  
Signature of Applicant (or person authorized to sign for  
firm or corporation)

**DEPARTMENT APPROVALS**

Building/Health  
\_\_\_\_ Approved  
\_\_\_\_ Not Approved  
DATE: \_\_\_\_\_

Water Dept.  
\_\_\_\_ Approved  
\_\_\_\_ Not Approved  
DATE: \_\_\_\_\_

Sewer Dept  
\_\_\_\_ Approved  
\_\_\_\_ Not Approved  
DATE: \_\_\_\_\_

Fire Dept  
\_\_\_\_ Approved  
\_\_\_\_ Not Approved  
DATE: \_\_\_\_\_

Police Dept  
\_\_\_\_ Approved  
\_\_\_\_ Not Approved  
DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

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: \_\_\_\_\_  
 Physical (Street) Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Owned by: \_\_\_\_\_  
 Authorized Representative\*\*: \_\_\_\_\_ Title \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Phone (if different): \_\_\_\_\_ Facility NAICS Code(s) official use only

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

\_\_\_\_\_

\_\_\_\_\_

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

3. Hours of operation: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

4. Does this business discharge any wastewater to the Town sewer system other than normal bathroom wastes?  
 If "yes", describe: \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_ If so, please give their number & locations, and describe the specific purpose of each. \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_



