

New

**BUSINESS LICENSE APPLICATION**

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

Date: \_\_\_\_\_

Fee: **\$100** \_\_\_\_\_

All New Business Applications are valid between the date they're approved and December 31<sup>st</sup> of that year. Renewals must be in by December 15<sup>th</sup> 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: \_\_\_\_\_

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

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

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

Owner's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Section 2**

Property Owner's Name: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Property Owner's Telephone #: \_\_\_\_\_

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: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant  
(or authorized persons)

**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: \_\_\_\_\_

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: _____	
Physical (Street) Address: _____	Phone: _____
Business Owned by: _____	
Authorized Representative**:	Title _____
Mailing Address (if different): _____	
Phone (if different): _____	Facility NAICS Code(s) <span style="background-color: #cccccc; padding: 2px;">official use only</span>

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: \_\_\_\_\_

\_\_\_\_\_

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)	
b.		
c.		
d.		

12. Is there a water well at this location? \_\_\_\_\_ 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: \_\_\_\_\_  
 \_\_\_\_\_

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? \_\_\_\_\_

**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

