

# Renewal

## BUSINESS LICENSE APPLICATION

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

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

Fee:   \$25  

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)

### Departmental Use Only:

Building/Health _____ Received Date: _____	Water Dept. _____ Received Date: _____	Sewer Dept. _____ Received Date: _____	Fire Dept. _____ Received Date: _____	Police Dept. _____ Received Date: _____
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Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Seq: \_\_\_\_\_