

Date Rcvd: \_\_\_\_\_  
 Ck #: \_\_\_\_\_ / Cash  
 Receipt #: \_\_\_\_\_  
 Mail / Pick-up



Permit # \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

### TOWN OF SEABROOK HEALTH DEPARTMENT

99 Lafayette Road Seabrook, NH 03874

(603) 474-3871

### APPLICATION FOR ANNUAL HEALTH PERMIT

Application must be in ink and legible

Name of Establishment: \_\_\_\_\_

Establishment Owner: \_\_\_\_\_ Tele #: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Building Owner (If different): \_\_\_\_\_ Tele #: \_\_\_\_\_

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

Type of License: New: \_\_\_\_\_ Renewal: \_\_\_\_\_ Previous License #: \_\_\_\_\_

#### Type of Establishment:

Mobile Vendor \_\_\_\_\_ Hair/Nail Salon \_\_\_\_\_ Convenience Store \_\_\_\_\_

Hotel/Motel \_\_\_\_\_ Restaurant \_\_\_\_\_ Supermarket \_\_\_\_\_

Other Food Services (Please List): \_\_\_\_\_

#### Fee Schedule- (Please check applicable category)

##### Restaurants:

Seating Capacity: \_\_\_\_\_

\_\_\_ 100+ (\$100)

\_\_\_ 25-100 (\$75)

\_\_\_ 0-24 (\$50)

\_\_\_ Mobile Vendors \$50

##### Hotel/Motel & Supermarkets:

Square Footage: \_\_\_\_\_

\_\_\_ Less than 10,000 sq ft (\$50)

\_\_\_ 10,000+ (\$50 + .005 per sq ft over 10,000)

\_\_\_ Convenience Stores \$50

\_\_\_ Hair/Nail Salon \$50

*All Fees must be paid prior to Inspection. Please make checks payable to the Town of Seabrook. All businesses require a business license from the Town of Seabrook. Health Permits expire every year on December 31<sup>st</sup>.*

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

Signature of Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_\_