

RENEWAL

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 31st of that year. Renewals must be in by December 15th 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 Water Dept. Sewer Dept. Fire Dept. Police Dept.
Received Received Received Received Received
Date: Date: Date: Date: Date:

Map: ___ Lot: ___ Seq: ___