



TOWN OF
SEABROOK, NEW HAMPSHIRE
99 LAFAYETTE ROAD ■ PO Box 456
SEABROOK, NH 03874-0456
PHONE: (603) 474-3311 ■ FAX: (603) 474-8007
www.seabrooknh.info

STATE OF NEW HAMPSHIRE
TOWN OF SEABROOK

BUSINESS LICENSE PERMIT

Issue Date: **Sep 21, 2020** Expiration Date: **Dec 31, 2020**

Business Name: **EATON APOTHECARY, LLC**

Address of Business Location: **609 LAFAYETTE RD**

Owner and Address: **TARYN EATON**

40 WORTHLEY AVENUE SEABROOK, NH 03874

Board of Selectman

Theresa A Kyle - Chairman

Ella M. Brown – Vice Chairman

Aboul B. Khan - Clerk

*This permit is subject to the ordinances and regulations of the Town of Seabrook.
All businesses shall be licensed on an annual basis until and/or unless the licensed premises are
vacated, relocated or ownership of the business is changed or permit holder is no longer in
compliance with federal or state regulations or those of the Town of Seabrook.*

THIS PERMIT IS NOT TRANSFERABLE

**THIS PERMIT MUST BE POSTED IN A PROMINENT PLACE AT THE BUSINESS
LOCATION**

BOH Permit Applications	Body Art Practitioner	Body Art Establishment	Business License	Entertainment License
Amusement Device License	Home Business Exemption Form	Action Request Form	Misc. Links	MapsOnline
Functions	ZBA Cases	Planning Board Cases		

CBMS - Business License

Print | Blank PDF | Search | Import | Export | Export Blank | OWNER LOGOUT

STAFF ONLY: Required Department Approvals (staff will select/highlight all department approvals required for this application):

Hold the CTRL key while you click to select multiple addresses

- Police Dept. - B. Walker
- Water Department
- Police Department
- Police Dept. - J. Reinhold
- Fire Dept. - K. McDonald
- Fire Department
- Building/Health Department
- Sewer Department
- Steve Keaney
- Fire Dept. - Dispatch

Send Email to Other Town Departments for Approval:

- Yes
- No

STAFF ONLY - Add a Department Approval:



STAFF ONLY - Department Decisions To Date:

- Fire Department - Approved
- Building/Health Department - Approved
- Sewer Department - Approved
- Water Department - Approved
- Police Dept. - B. Walker - Approved

less...

STAFF ONLY - Date All Required Department Decisions Completed:

May 22, 2020 clear

The Building Department will begin its review of the Application once all Department Approvals are completed. The Building Department's review must be completed

New

BUSINESS LICENSE APPLICATION

AUG 13 2020

BUILDING & HEALTH

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

Date: 8/13/20 ^{M/C} Rec # 2411
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: Eaton Apothecary LLC DBA Eaton CBD Apothecary

Physical Address: 609 Lafayette Rd Unit #: A

Mailing Address: 40 Worthley Ave, Seabrook, NH 03874

Business Telephone: 603-760-2997 Emergency Telephone: 978-360-6035

Owner's Name: Taryn Eaton E-Mail: taryneaton@gmail.com

Section 2

Property Owner's Name: Timothy Nichols

Property Owner's Mailing Address: 36 London Lane, Seabrook NH 03874

Property Owner's Telephone #: 978-423-8022

Property Owner's Signature: [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: N/A

Type of Business: health + wellness retail store

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

[Signature]
Signature of Applicant
(or authorized persons)

DEPARTMENT APPROVALS

Building / Health	Water Dept.	Sewer Dept.	Fire Dept.	Police Dept.
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved
Date: _____	Date: _____	Date: _____	Date: _____	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: <u>Eaton CBD Apothecary</u>	
Physical (Street) Address: <u>609 Lafayette Rd, Seabrook, NH 03874</u>	Phone: <u>603-760-2997</u>
Business Owned by: <u>Taryn Eaton</u>	
Authorized Representative: <u>Taryn Eaton</u>	Title: <u>owner</u>
Mailing Address (if different): <u>40 Worthley Ave, Seabrook, NH 03874</u>	
Phone (if different): <u>603-760-2997</u>	Facility NAICS Code(s): <u> </u>

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

2. Number of employees: Shift 1 1 Shift 2 1 Shift 3 Total 2
3. Hours of operation: M 10-7 T 10-7 W 10-7 Th 10-7 F 10-7 Sa 10-6 Su 11-5
4. Does this business discharge any wastewater to the Town sewer system other than normal bathroom wastes? If "yes", describe: no

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? no If so, please give their number & locations, and describe the specific purpose of each. N/A

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

8. In the next five years, do you anticipate any major facility expansion or change in the activities performed? If "yes", describe: no

9. Does this facility meet any of the federal or State of New Hampshire definition for a "Hazardous Waste Generator"? NO If "yes", describe: N/A

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)	13
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? NO

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.

[Signature] owner 7/28/20
 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

Seabrook Police Department
7 Liberty Lane
Seabrook, New Hampshire 03874
603-474-5200

Filing Date: 7/28/20

BUSINESS NAME: Eaton CBD Apothecary

BUSINESS ADDRESS: 609 Lafayette Rd, Seabrook, NH 03874

BUSINESS TELEPHONE NO.: 603-760-2997

BUSINESS FAX NO.: N/A

IS THERE A SAFE ON THE PREMISES? YES _____ NO X

IS THE BUSINESS ALARMED Yes X No _____

Alarm Company Name: ADT

Alarm Company Tele NO.: 603-287-1098

IF THERE ARE ZONES, PLEASE LIST WHAT ZONE AND WHERE IT'S LOCATED.

Alarm Type(s):

X Motion _____ Panic _____ Silent X Audible _____ Fire _____

Business Owner's Name: Taryn Eaton

Business Owner's Home Address: 40 Worthley Ave Seabrook, NH 03874

Business Owner's Home Tele NO.: 978-360-6035

Emergency Contacts (Primary, Secondary, Etc.)

1) Taryn Eaton 978-360-6035
Name Telephone #

2) Jessica Eaton 603-394-6651
Name Telephone #

3) William Eaton 978-479-0535
Name Telephone #

POLICE USE ONLY
Account #: _____



SEABROOK FIRE DEPARTMENT

87 Centennial Street

Seabrook, NH 03874

Phone: 603-474-2611 Fax: 603-474-5187

seabrooknh.info



William J Edwards

Fire Chief

603-474-3880

Lawrence "Koko" Perkins

Deputy Fire Chief

603-474-5300

FILING DATE: 7/28/20	
BUSINESS NAME: Eaton CBD Apothecary	PHONE #: 603- 287 ⁷⁶⁰ -2997
BUSINESS ADDRESS: 609 Lafayette Rd, Seabrook, NH 03874	UNIT # A
FAX: N/A	BUSINESS EMAIL: teaton@eatoncbdapothecary.com
BUSINESS OWNER'S NAME: Taryn Eaton	
BUSINESS OWNER'S HOME ADDRESS: 40 Worthley Ave, Seabrook, NH 03874	
BUSINESS OWNER'S PHONE # 978-360-6035	
EMERGENCY CONTACTS (PRIMARY, SECONDARY, ETC.)	
NAME	TELEPHONE NUMBER
1. Taryn Eaton	978-360-6035
2. Jessica Eaton	603-394-6654
3. William Eaton	978-479-0535
IS THERE A LOCK BOX OR KNOX BOX ON SITE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LOCK BOX CODE:
IS THE BUSINESS ALARMED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ALARM TYPE: Audible / motion
ALARM COMPANY NAME: ADT	ALARM COMPANY PHONE #: 603-287-1098
IF THERE ARE ZONES, PLEASE LIST HOW MANY AND WHAT THEY ARE LABELED AS:	
PROPERTY OWNER: Timothy Nichols	PROPERTY OWNER PHONE #: 978-423-3022
PROPERTY OWNER HOME ADDRESS: 36 Landon Ln, Seabrook, NH 03874	
ARE THERE ANY HAZARDOUS OR EXPLOSIVE MATERIALS ONSITE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IF YES; WHAT? N/A	

Order Successful!

Town of Seabrook
PO Box 476
99 Lafayette Rd
603-474-3152
Transaction No:

125922025

Card Type:

MASTERCARD

Account No:

XXXXXXXXXXXX7192

Exp Date:

XX/XX

Entry:

Card Not Present

Invoice No:

612336

Name:

Stanley Koty

Amount:

\$102.79

Response:

612336

Trans ID:

125922025

TOWN OF SEABROOK, N.H.
PO Box 411 49 Lafayette Street
Seabrook, NH 03874
(603) 474-3311

2411

DATE 7/15/20

RECEIVED FROM Taryn Eaton \$ 168.00

609 LaFayette Hotel

FOR Comm. Sign Permits + Business Licenses

AMOUNT OF ACCOUNT \$ 168.00

AMOUNT PAID \$ 168.00

BALANCE DUE \$ 0

Thank You! mk
BY Carly Adams

- DOLLARS
- CASH
- CHECK
- M.O.
- CREDIT CARD

Mailing Address: 40 Worthy Ave, Seabrook, NH 03874

Business Telephone: 603-760-2997 Emergency Telephone: 978-360-6035

Owner's Name: Taryn Eaton E-Mail: taryneaton@gmail.com

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If Yes, Please Describe: WHA

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[Signature]

Signature of Applicant
(or authorized persons)

DEPARTMENT APPROVALS

<u>Building / Health</u>	<u>Water Dept.</u>	<u>Sewer Dept.</u>	<u>Fire Dept.</u>	<u>Police Dept.</u>
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input checked="" type="checkbox"/> Approved <u>[Signature]</u>
<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved
Date: _____	Date: _____	Date: _____	Date: _____	Date: <u>8/31/2020</u>

Map: ___ Lot: ___ Seq: ___