



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: **Jun 02, 2023**

Expiration Date: **Dec 31, 2023**

Business Name: **NEW ENGLAND EPOXY SUPPLY**

Address of Business Location: **270 LAFAYETTE RD**

Owner and Address: **VLAD ALZHIN**

46 PARADISE ROAD UNIT 1 SWAMPSCOTT, MA 01907

Board of Selectmen

Chairman

Vice Chairman

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**

New

BUSINESS LICENSE APPLICATION

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

Date: 3/29/23
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: New England Epoxy Supply
Physical Address: 270 Lafayette Rd Unit #: 11
Mailing Address: Same
Business Telephone: 617240 8907 Emergency Telephone: _____
Owner's Name: Vlad Alzhin E-Mail: VALZHIN@gmail.com

Section 2

Property Owner's Name: Brixmor GA Seacoast Shopping Center LLC
Property Owner's Mailing Address: c/o Brixmor Property Group 450 Lexington Ave ^{13th FL} NY, NY
Property Owner's Telephone #: (616) 834-7299 ¹⁰⁰¹⁷
Property Owner's Signature: [Signature] (Daniel P. Costello)

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: Flooring Supply

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

[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 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>New England Epoxy Supply</u>	
Physical (Street) Address: <u>270 Lafayette Rd</u>	Phone: <u>6172408907</u>
Business Owned by: <u>Vlad Alzhin</u>	
Authorized Representative**: <u>Vlad Alzhin</u>	Title <u>Owner</u>
Mailing Address (if different): <u>46 Paradise Rd Unit 1 Swampscott MA 01907</u>	
Phone (if different): _____	Facility NAICS Code(s) official use only

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

Paint Retail

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: _____

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. _____

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: _____

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)	3
b.		
c.		
d.		

12. Is there a water well at this location? NO 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: NO

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.

Handwritten Signature
Authorized Representative**

Owner
Title

3/29/23
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: 3/29/23

BUSINESS NAME: New England Epoxy Supply

BUSINESS ADDRESS: 270 Lafayette Rd Unit 10-11

BUSINESS TELEPHONE NO.: 617 2408907

BUSINESS FAX NO.: _____

IS THERE A SAFE ON THE PREMISES? YES _____ NO

IS THE BUSINESS ALARMED Yes _____ No

Alarm Company Name: _____

Alarm Company Tele NO.: _____

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

Alarm Type(s):

_____ Motion _____ Panic _____ Silent _____ Audible _____ Fire

Business Owner's Name: Vlad Akhin

Business Owner's Home Address: 46 Paradise Rd Unit 1 Swampscott MA

Business Owner's Home Tele NO.: _____

Emergency Contacts (Primary, Secondary, Etc.)

1) _____
Name Telephone #

2) _____
Name Telephone #

3) _____
Name Telephone #

POLICE USE ONLY
Account #: _____

BOH Permit Applications | Body Art Practitioner | Body Art Establishment | Business License

Amusement Device License | Home Business Exemption Form | Action Request Form | Misc. Links | MapsOnline

Functions | ZBA Cases | Planning Board Cases

CBMS - Business License

Print | Search | Import | Export | Export Blank | OWNER

Department approvals required for this application.

Hold the CTRL key while you click to select multiple addresses.

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

Send Email to Other Town Departments for Approval:

Yes

No

STAFF ONLY - Add a Department Approval:



STAFF ONLY - Department Decisions To Date:

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

STAFF ONLY - Date All Required Department Decisions Completed:

January 23, 2023 clear

The Building Department will begin its review of the Application once

Update