



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](http://www.seabrooknh.info)

STATE OF NEW HAMPSHIRE

TOWN OF SEABROOK

## BUSINESS LICENSE PERMIT

Issue Date: **Jun 26, 2023**

Expiration Date: **Dec 31, 2023**

Business Name: **BEACH DECK BAR & GRILL**

Address of Business Location: **207 OCEAN BLVD W/S**

Owner and Address: **SAM CATALANO**

**207 OCEAN BLVD # D SEABROOK, NH 03874**

*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: 5/15/03

Fee: \$100

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: Beach Deck Bar + grill

Physical Address: 207 ocean Blvd # Unit #: B

Mailing Address: 207 ocean Blvd #D Seabrook, NH, 03874

Business Telephone: \_\_\_\_\_ Emergency Telephone: 978-387-6231

Owner's Name: Sam G. Catalano E-Mail: jboulanger@JamesBookKeeping.com

Section 2

Property Owner's Name: Sam G. Catalano

Property Owner's Mailing Address: 207 ocean Blvd #D Seabrook, NH, 03874

Property Owner's Telephone #: 978-387-6231

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: Resturant

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

\_\_\_\_\_  
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>Beach Deck Bar + Grill</u>	
Physical (Street) Address: <u>207 Ocean Blvd w/s # B</u>	Phone: <u>978-387-6031</u>
Business Owned by: <u>Sam Catalano</u>	
Authorized Representative**: <u>Sam Catalano</u>	Title: <u>owner</u>
Mailing Address (if different): _____	
Phone (if different): _____	Facility NAICS Code(s) <span style="border: 1px solid black; padding: 2px;">official use only</span>

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

Restaurant

2. Number of employees: Shift 1 2 Shift 2 3 Shift 3 \_\_\_\_\_ Total \_\_\_\_\_

3. Hours of operation: M X T 4-9 W 11-9 Th 11-9 F 11-9 Sa 11-9 Su 11-9

4. Does this business discharge any wastewater to the Town sewer system other than normal bathroom wastes? If "yes", describe: \_\_\_\_\_

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? 1 If so, please give their number & locations, and describe the specific purpose of each. kitchen, for cleaning

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"? \_\_\_\_\_ 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)	
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:

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.*

x Sam Y. Catalano owner 5-15-23  
 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: 5/15/23

BUSINESS NAME: Beach Deck Bart Grill

BUSINESS ADDRESS: 207 Ocean Blvd. #B

BUSINESS TELEPHONE NO.: 603-814-1562

BUSINESS FAX NO.: X

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: Sam G. Catalano

Business Owner's Home Address: 207 Ocean Blvd. #D Seabrook, NH, 03874

Business Owner's Home Tele NO.: 978-387-6231

Emergency Contacts (Primary, Secondary, Etc.)

1) Grace Saffie 978-790-6182

Name Telephone #

2) Sam Catalano 978-387-6231

Name Telephone #

3) \_\_\_\_\_  
Name Telephone #

POLICE USE ONLY  
Account #: \_\_\_\_\_

# 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