



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 02, 2023**                      Expiration Date: **Dec 31, 2023**

Business Name: **KENTUCKY FRIED CHICKEN/TACO BELL**

Address of Business Location: **306 LAFAYETTE RD**

Owner and Address: **FQSR, LLC**

**P.O. BOX 789705 WICHITA, KS 67278**

*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**

APR 7 2023

5981

Town of Seabrook, NH

New

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: Kentucky Fried Chicken/Taco Bell
Physical Address: 306 Lafayette Rd., Seabrook, NH 03874 Unit #: \_\_\_\_\_
Mailing Address: Attn: Licensing, PO Box 789705, Wichita, KS 67278
Business Telephone: 316-685-1622 x3819 Emergency Telephone: \_\_\_\_\_
Owner's Name: FQSR, LLC dba KBP Foods E-Mail: KBPLicensing@KBPBrands.com

Section 2

Property Owner's Name: Quick Service Restos, LLC
Property Owner's Mailing Address: 1141 Overbrook Road, Suite 400, Leawood, KS 66210
Property Owner's Telephone #: 913-469-1112
Property Owner's Signature: [Signature]

Section 3: Business Information Commercial: X Industrial: \_\_\_\_\_ Home Office: \_\_\_\_\_

Are there any hazardous or explosive materials manufactured or stored on site? YES NO

If Yes, Please Describe: \_\_\_\_\_

Type of Business: Fast Food Restaurant

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

[Signature]
Signature of Applicant
(or authorized persons)

DEPARTMENT APPROVALS

Table with 5 columns: Building/Health, Water Dept., Sewer Dept., Fire Dept., Police Dept. Each column has 'Approved', 'Not Approved', and 'Date' options.

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>Kentucky Fried Chicken/Taco Bell</u>                |   |
| Physical (Street) Address: <u>306 Lafayette Rd., Seabrook, NH 03874</u>                  |   |
| Business Owned by: <u>FQSR, LLC dba KBP Foods</u>  | Phone: _____                              |
| Authorized Representative: <u>Beth Moore</u>   | Title: <u>License Coordinator</u>         |
| Mailing Address (if different): <u>Attn: Licensing, PO Box 789705, Wichita, KS 67278</u> |   |
| Phone (if different): <u>316-685-1622 x3819</u>  | Facility NAICS Code(s): <u>[REDACTED]</u> |

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

Fast Food Restaurant - No Changes

2. Number of employees: Shift 1 6 Shift 2 5 Shift 3 0 Total 11  
10am-10am-10am-10am-10am-10am-10am  
 3. Hours of operation: M 8pm T 8pm W 8pm Th 8pm F 8pm Sa 8pm Su 8pm

4. Does this business discharge any wastewater to the Town sewer system other than normal bathroom wastes? If "yes", describe: Yes - all wastewater from sinks also discharge into the sewer system

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) |
|---------------------------------------|--------------------------------------|--|-------------------------------|
| <u>1 10x 6pm</u>                      | <u>N/A</u>                           | <u>1 RTE system</u>                    | <u>N/A</u>                    |

6. Are there any floor drains at this location? 9 If so, please give their number & locations, and describe the specific purpose of each. One in each bathroom, one under the Soda system and the rest in the kitchen

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) | 200             |
| b. | Kitchen sinks   | 150             |
| 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.*

Beth Moore  
Authorized Representative\*\*

License Coordinator  
Title

3/31/2023  
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: \_\_\_\_\_

BUSINESS NAME: Kentucky Fried Chicken/Taco Bell

BUSINESS ADDRESS: 306 Lafayette Rd., Seabrook, NH 03874

BUSINESS TELEPHONE NO.: 603-474-5101

BUSINESS FAX NO.: \_\_\_\_\_

IS THERE A SAFE ON THE PREMISES?

YES  NO \_\_\_\_\_

IS THE BUSINESS ALARMED

Yes  No \_\_\_\_\_

Alarm Company Name: Action Alarm System

Alarm Company Tele NO.: 816-257-3158

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: FQSR, LLC dba KBP Foods

Business Owner's Home Address: Attn: Licensing, PO Box 789705, Wichita, KS 67278

Business Owner's Home Tele NO.: 316-685-1622 x3819

Emergency Contacts (Primary, Secondary, Etc.)

1) Heather Weber 207-592-4515  
Name Telephone #

2) Bob Hynick 508-963-5610  
Name Telephone #

3) \_\_\_\_\_  
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

| <b>FILING DATE:</b>   |                                      |   |   |
|---|--------------------------------------|---|---|
| <b>BUSINESS NAME:</b> Kentucky Fried Chicken/Taco Bell                                  |                                      | <b>PHONE #:</b> 603-474-5101                      |   |
| <b>BUSINESS ADDRESS:</b> 306 Lafayette Rd., Seabrook, NH 03874                          |                                      |   | <b>UNIT #</b>   |
| <b>FAX:</b>   |                                      | <b>BUSINESS EMAIL:</b> KBPLicensing@KBPBrands.com |   |
| <b>BUSINESS OWNER'S NAME:</b> FQSR, LLC dba KBP Foods                                   |                                      |   |   |
| <b>BUSINESS OWNER'S HOME ADDRESS:</b> Attn: Licensing, PO Box 789705, Wichita, KS 67278 |                                      |   |   |
| <b>BUSINESS OWNER'S PHONE #</b> 316-685-1622 x3819                                      |                                      |   |   |
| EMERGENCY CONTACTS (PRIMARY, SECONDARY, ETC.)   |                                      |   |   |
| NAME  |                                      | TELEPHONE NUMBER                                  |   |
| 1. Heather Weber  |                                      | 207-592-4515                                      |   |
| 2. Bob Hymick   |                                      | 508-963-5610                                      |   |
| 3.  |                                      |   |   |
| <b>IS THERE A LOCK BOX OR KNOX BOX ON SITE?</b>   | <input checked="" type="radio"/> YES | <input type="radio"/> NO                          | <b>LOCK BOX CODE:</b> It is key coded                         |
| <b>IS THE BUSINESS ALARMED?</b>   | <input checked="" type="radio"/> YES | <input type="radio"/> NO                          | <b>ALARM TYPE:</b> Motion + Fire                              |
| <b>ALARM COMPANY NAME:</b><br>Action Alarm System                                       |                                      | <b>ALARM COMPANY PHONE #:</b><br>816-254-3158     |   |
| <b>IF THERE ARE ZONES, PLEASE LIST HOW MANY AND WHAT THEY ARE LABELED AS:</b><br>N/A    |                                      |   |   |
| <b>PROPERTY OWNER:</b><br>Duck Service Resales  |                                      | <b>PROPERTY OWNER PHONE #:</b><br>913-469-1112    |   |
| <b>PROPERTY OWNER HOME ADDRESS:</b> 11141 Overbrook Rd, Ste 400, Leawood, KS 66211      |                                      |   |   |
| <b>ARE THERE ANY HAZARDOUS OR EXPLOSIVE MATERIALS ONSITE?</b>                           |                                      |   | <input type="radio"/> YES <input checked="" type="radio"/> NO |
| <b>IF YES; WHAT?</b>  |                                      |   |   |

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

PeopleForms  
Tablet