



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: **Sep 05, 2024**

Expiration Date: **Dec 31, 2024**

Business Name: **GREAT BAY CARPET CLEANING**

Address of Business Location: **95 LEDGE RD**

Owner and Address: **ANDRE PIERRE VANBOKKELEN**

**55 HILLDALE AVENUE SOUTH HAMPTON, NH 03827**

*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 15 2024

NEW

BUSINESS LICENSE APPLICATION

Town of Seabrook, NH

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

Date: 4/1/24
Fee: \$250.00

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: Great Bay Carpet Cleaning
Physical Address: 45 Lodge Rd, Unit #: 6
Mailing Address: 55 Hilldale Ave, South Hampton, NH 03827
Business Telephone: 603 772 7227 Emergency Telephone: 802 379 6516
Owner's Name: Andre Pierre Van Bokkelen E-Mail: GreatBayCarpet@gmail.com

Section 2

Property Owner's Name: Cardinal 6 Maine LLC.
Property Owner's Mailing Address: 920 Lafayette Rd, Unit 5
Property Owner's Telephone #: 1 978 992 1120
Property Owner's Signature:

Section 3: Business Information Commercial: [checked] Industrial: Home Office:
Are there any hazardous or explosive materials manufactured or stored on site? [NO]

If Yes, Please Describe: Soaps, salamis, and detergents with High/Low PH

Type of Business: Carpet & upholstery cleaning
I hereby certify that all of the information presented is true & accurate

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' and 'Not Approved' checkboxes and a 'Date:' field.

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>Great Bay Carpet Cleaning</u>	
Physical (Street) Address: <u>95 Ledge Rd, Unit 6</u>	Phone: <u>603 772 7227</u>
Business Owned by: <u>Andre Pierre VanBokkelen</u>	
Authorized Representative**:	Title:
Mailing Address (if different): <u>55 Hilldale Ave, South Hampton, NH 03827</u>	
Phone (if different): <u>802 379 6516</u>	Facility NAICS Code(s): <u>                    </u>

1. What types of business and/or activities are carried out at this location? **PLEASE DESCRIBE FULLY**  
Cleaning + ~~Storage~~ Storage of area rugs, Storage of work vehicles, Storage of cleaning products + tools.
2. Number of employees: Shift 1 0 Shift 2 2 Shift 3 0 Total 2
3. Hours of operation: M 9-4 T 9-4 W 9-4 Th 9-4 F 9-4 Sa — Su —
4. Does this business discharge any wastewater to the Town sewer system other than normal bathroom wastes? If "yes", describe: Cleaning by-product in the form of diluted soaps, dirt, ~~and~~ and grease.
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)	<del>13</del> 13
b.	Filling reservoirs on cleaning trucks.	50
c.	Cleaning rugs on-site	50
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.*

[Signature] Owner 4/1/24  
 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: 4/1/24

BUSINESS NAME: Great Bay Carpet Cleaning

BUSINESS ADDRESS: 95 Ledge Rd, Unit #6

BUSINESS TELEPHONE NO.: 603 772 7227

BUSINESS FAX NO.: N/A

IS THERE A SAFE ON THE PREMISES? YES \_\_\_\_\_ NO X

IS THE BUSINESS ALARMED Yes \_\_\_\_\_ No X

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: Andre Pierre VanBakkelen

Business Owner's Home Address: 55 Hilldale Ave, South Hampton, NH 03827

Business Owner's Home Tele NO.: 802 379 6516

Emergency Contacts (Primary, Secondary, Etc.)

1) Alice VanBakkelen 603 770 5029  
Name Telephone #

2) Jocelyn VanBakkelen 603 770 2461  
Name Telephone #

3) Becky Nadeau 802 490 8773  
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: 4/1/24			
BUSINESS NAME: Great Bay Carpet Cleaning		PHONE #: 603 772 7227	
BUSINESS ADDRESS: 95 Ledge Rd		UNIT # 6	
FAX: N/A	BUSINESS EMAIL: GreatBayCarpet@gmail.com		
BUSINESS OWNER'S NAME: Andre Pierre VanBokkelen			
BUSINESS OWNER'S HOME ADDRESS: 55 Milldale Ave, South Hampton, NH			
BUSINESS OWNER'S PHONE # 802 379 6516			
EMERGENCY CONTACTS (PRIMARY, SECONDARY, ETC.)			
NAME		TELEPHONE NUMBER	
1. Alice VanBokkelen		603 770 5029	
2. Jocelyn VanBokkelen		603 770 3461	
3. Becky Nadeau		802 490 8773	
IS THERE A LOCK BOX OR KNOX BOX ON SITE?	YES	<input checked="" type="radio"/> NO	LOCK BOX CODE:
IS THE BUSINESS ALARMED?	YES	<input checked="" type="radio"/> NO	ALARM TYPE:
ALARM COMPANY NAME:		ALARM COMPANY PHONE #:	
IF THERE ARE ZONES, PLEASE LIST HOW MANY AND WHAT THEY ARE LABELED AS:			
PROPERTY OWNER:		PROPERTY OWNER PHONE #:	
Cardinal 6 Maine LLC		978 992 1120	
PROPERTY OWNER HOME ADDRESS: 920 Lafayette Rd, Unit 6, Seabrook NH 03874			
ARE THERE ANY HAZARDOUS OR EXPLOSIVE MATERIALS ONSITE?		YES	<input checked="" type="radio"/> NO
IF YES; WHAT?			

