



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 26, 2025**

Expiration Date: **Dec 31, 2025**

Business Name: **OPTIMUM WATER NEW ENGLAND LLC DBA: OPTIMUM
WATER NEW ENGLAND LLC**

Address of Business Location: **6 WHITAKER WAY**

Owner and Address: **JIM KARRAT**

SAME

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: 7/28/25

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: Optimum Water New England LLC

Physical Address: 6 Whitaker Way Seabrook, NH 03874 Unit #: 1

Mailing Address: SAME

Business Telephone: 508.474.3040 Emergency Telephone: 310.420.3327

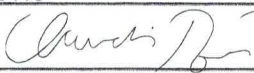
Owner's Name: Jim Karrat E-Mail: JimK@drinkoptimum.com

Section 2

Property Owner's Name: Claudia Tobon

Property Owner's Mailing Address: 8 Leigh Circle, Stratham, NH 03885

Property Owner's Telephone #: 603-498-9115

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: Bottleless drinking water purification systems for businesses

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


Signature of Applicant
(or authorized persons)

DEPARTMENT APPROVALS

Building /Health

___ Approved
___ Not Approved
Date: _____

Water Dept.

___ Approved
___ Not Approved
Date: _____

Sewer Dept.

___ Approved
___ Not Approved
Date: _____

Fire Dept.

___ Approved
___ Not Approved
Date: _____

Police Dept.

___ Approved
___ Not Approved
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>Optimum Water New England LLC</u>	
Physical (Street) Address: <u>6 Whitaker Way Seabrook, NH 03874</u>	Phone: <u>508.474.3040</u>
Business Owned by: <u>Jim Karrat</u>	
Authorized Representative**: <u>Jim Karrat</u>	Title <u>Managing Member</u>
Mailing Address (if different): _____	
Phone (if different): _____	Facility NAICS Code(s) <u>official use only</u>

1. What types of business and/or activities are carried out at this location? **PLEASE DESCRIBE FULLY**
Sales and admin in office area. Storage and preparation of drinking water units to be installed in
warehouse area.
2. Number of employees: Shift 1 6 Shift 2 _____ Shift 3 _____ Total _____
3. Hours of operation: M 8-5 T 8-5 W 8-5 Th 8-5 F 8-5 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)	90
b.		
c.		
d.		

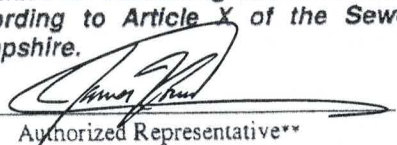
12. Is there a water well at this location? No When was it last used? _____

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.


Authorized Representative**

Managing Member

Title

04/18/2025

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: 04/21/2025

BUSINESS NAME: Optimum Water New England LLC

BUSINESS ADDRESS: 6 Whitaker Way Seabrook, NH 03874

BUSINESS TELEPHONE NO.: 508.474.3040

BUSINESS FAX NO.:

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: Jim Karrat

Business Owner's Home Address: 1130 Main St. Leicester, MA 01524

Business Owner's Home Tele NO.: 310.420.3327

Emergency Contacts (Primary, Secondary, Etc.)

1)	Jim Karrat	310.420.3327
	Name	Telephone #
	Chris Canestrari	860.214.5644
2)	Name	Telephone #
	Angela Pratt	508.769.7581
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

FILING DATE: 04/21/2025			
BUSINESS NAME: Optimum Water New England LLC		PHONE #: 508.474.3040	
BUSINESS ADDRESS: 6 Whitaker Way Seabrook, NH 03874		UNIT # 1	
FAX:	BUSINESS EMAIL: JimK@drinkoptimum.com		
BUSINESS OWNER'S NAME: Jim Karrat			
BUSINESS OWNER'S HOME ADDRESS: 1130 Main St. Leicester, MA 01524			
BUSINESS OWNER'S PHONE # 508.474.3040			
EMERGENCY CONTACTS (PRIMARY, SECONDARY, ETC.)			
NAME		TELEPHONE NUMBER	
1. Jim Karrat		310.420.3327	
2. Chris Canestrari		860.214.5644	
3. Angela Pratt		508.769.7581	
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 #:	
Claudia Tobon		603-498-9115	
PROPERTY OWNER HOME ADDRESS: 8 Leigh Circle, Stratham, NH 03885			
ARE THERE ANY HAZARDOUS OR EXPLOSIVE MATERIALS ONSITE?		YES	<input checked="" type="radio"/> NO
IF YES; WHAT?			

CBMS - Business License

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:

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

STAFF ONLY - Date All Required Department Decisions Completed:
January 15, 2025

The Building Department will begin its review of the Application once all Department Approvals are completed. The Building Department's review must be completed within 30 Days.

FEES & PAYMENTS

Applicant's Digital Signature

By checking this box I certify that I am familiar with Reach Regulation 105 CMR 445.000 and the above described establishment will be operated and maintained in accordance with the applicable regulations.