



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: **Apr 02, 2025** Expiration Date: **Dec 31, 2025**

Business Name: **ZEMOBRYA**

Address of Business Location: **255 LAFAYETTE RD**

Owner and Address: **ANTONELA DUNI**

P.O. BOX 1841 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**

DEC 12 2024

Town of Seabrook, NH

NEW

BUSINESS LICENSE APPLICATION

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

Date: 12/12/2024.

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: Zemobrya

Physical Address: 255 Lafayette Rd Unit #: 1

Mailing Address: PO BOX 1841

Business Telephone: 978 930 0030 Emergency Telephone: 978 335 1485.

Owner's Name: Antomelo Duni E-Mail: amduni@icloud.com.

Section 2

Property Owner's Name: Antomelo Duni (LFTR, LLC)

Property Owner's Mailing Address: PO BOX 1841

Property Owner's Telephone #: 978 930 0030

Property Owner's Signature: Antomelo Duni

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: CLOTHING BOUTIQUE, ACCESSORIES, GIFTS (Retail)

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>Zembya</u>	
Physical (Street) Address: <u>255 Lafayette Rd, Unit 81</u>	Phone: <u>978 930 0030</u>
Business Owned by: <u>Antonio Duran</u>	
Authorized Representative: <u>Antonio Duran</u>	Title: <u>Owner</u>
Mailing Address (if different): <u>PO BOX 1841</u>	
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**

2. Number of employees: Shift 1 _____ Shift 2 _____ Shift 3 _____ Total 1

3. Hours of operation: M ✓ T ✓ W ✓ Th ✓ F ✓ Sa ✓ Su 0-7

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? 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: N/A

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
Cleaning Supplies	Cleaning	
A2AX		

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)	13
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.

Antonele Dumitru Owner.

Authorized Representative**

Title

Date

12/12/2024

** 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: Zendrya Boutique.
BUSINESS ADDRESS: 255 Lafayette Rd.
BUSINESS TELEPHONE NO.: 978 930 0030.
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: Antonio Duni

Business Owner's Home Address: 11 Collins St. Apt #B3.

Business Owner's Home Tele NO.: 978 930 0030.

Emergency Contacts (Primary, Secondary, Etc.)

1) Hector Duni 978 335 1485.
Name Telephone #

2) _____
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

FILING DATE:			
BUSINESS NAME: <u>Zendrya Boutique</u>		PHONE #: <u>978 930 0030</u>	
BUSINESS ADDRESS: <u>255 Lafayette Rd</u>		UNIT # <u>1</u>	
FAX:	BUSINESS EMAIL:		
BUSINESS OWNER'S NAME: <u>Antonele Duni</u>			
BUSINESS OWNER'S HOME ADDRESS: <u>11 Collins St. Apt # B3</u>			
BUSINESS OWNER'S PHONE # <u>978 930 0030</u>			
EMERGENCY CONTACTS (PRIMARY, SECONDARY, ETC.)			
NAME		TELEPHONE NUMBER	
1. <u>Hector Duni</u>		<u>978 335 1485</u>	
2.			
3.			
IS THERE A LOCK BOX OR KNOX BOX ON SITE?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LOCK BOX CODE:
IS THE BUSINESS ALARMED?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ALARM TYPE:
ALARM COMPANY NAME:		ALARM COMPANY PHONE #:	
IF THERE ARE ZONES, PLEASE LIST HOW MANY AND WHAT THEY ARE LABELED AS:			
PROPERTY OWNER: <u>Antonele Duni</u>		PROPERTY OWNER PHONE #: <u>978 930 0030</u>	
PROPERTY OWNER HOME ADDRESS:			
ARE THERE ANY HAZARDOUS OR EXPLOSIVE MATERIALS ONSITE?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF YES; WHAT? <u>N/A</u>			

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CBMS - Business License

Fire Dept. - Dispatch

Water Department

Print | Search | Import | Export | Export Blank OWNER

Send Email to Other Town Departments for Approval:

☐ No

STAFF ONLY - Add a Department Approval:



STAFF ONLY - Department Decisions To Date:

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

STAFF ONLY - Date All Required Department Decisions Completed:
January 15, 2024



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 Beach Regulation 105 CMR 445.000 and the above described establishment will be operated and maintained in