



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, 2025**

Expiration Date: **Dec 31, 2025**

Business Name: **DANS FURNITURE DIRECT LLC DBA: SEABROOK BOX  
DROP**

Address of Business Location: **85 LEDGE RD**

Owner and Address: **DANIAL GOGVEN  
4 TRUE ROAD 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**

MAR 13 2025

NEW

Town of Seabrook, NH

## BUSINESS LICENSE APPLICATION

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

Date: 3/13/25  
Fee: \$250.00

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: Dans Furniture Direct LLC - DBA Seabrook Box Drop

Physical Address: 85 Ledge Rd Seabrook NH Unit #: 3

Mailing Address: 4 Tree Rd Seabrook NH

Business Telephone: 978-994-1088 Emergency Telephone: \_\_\_\_\_

Owner's Name: Daniel Goguen E-Mail: dbgoguen1126@gmail.com

## Section 2

Property Owner's Name: Keri Fowler

Property Owner's Mailing Address: 62 Foily Mill rd, Salisbury ma 01952

Property Owner's Telephone #: 978) 375-3943

Property Owner's Signature: [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: Mattress by appointment

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

[Signature]  
Signature of Applicant  
(or authorized persons)

## DEPARTMENT APPROVALS

Building /Health	Water Dept.	Sewer Dept.	Fire Dept.	Police Dept.
<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>Dans Furniture Direct DBA Seabrook Bed and Bath</u>	
Physical (Street) Address: <u>85 Ledge Rd Seabrook</u>	Phone: <u>978-994-1088</u>
Business Owned by: <u>Daniel Goguen</u>	
Authorized Representative**:	Title
Mailing Address (if different): <u>4 True Rd Seabrook NH</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**

Mattress sales by appointment

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

3. Hours of operation: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

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

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? Yes If so, please give their number & locations, and describe the specific purpose of each. Bottom room floor for possible overflow

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: \_\_\_\_\_

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)	5-6
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.*

\_\_\_\_\_  
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](mailto:tcampbell@seabrooknh.org)

Seabrook Police Department  
7 Liberty Lane  
Seabrook, New Hampshire 03874  
603-474-5200

Filing Date: 3/13/2025

BUSINESS NAME: Dans Furniture Direct

BUSINESS ADDRESS: 85 Lodge Rd Seabrook

BUSINESS TELEPHONE NO.: 978-994-1088

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

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: Daniel Goguen

Business Owner's Home Address: 4 True Rd Seabrook NH

Business Owner's Home Tele NO.: 978-994-1088

Emergency Contacts (Primary, Secondary, Etc.)

1) Michele Perkins 978-270-0727  
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: 3/13/2025		
BUSINESS NAME: Dns Furniture Direct	PHONE #: 978-994-1088	
BUSINESS ADDRESS: 85 Ledge Rd Seabrook	UNIT # 3	
FAX:	BUSINESS EMAIL: dhgoguen1126@gmail.com	
BUSINESS OWNER'S NAME: Daniel Goguen		
BUSINESS OWNER'S HOME ADDRESS: 4 True Rd Seabrook NH		
BUSINESS OWNER'S PHONE # <del>978-994-1088</del> 978-994-1088		
EMERGENCY CONTACTS (PRIMARY, SECONDARY, ETC.)		
NAME	TELEPHONE NUMBER	
1. Michele Perkins	978-270-0727	
2.		
3.		
IS THERE A LOCK BOX OR KNOX BOX ON SITE?	YES <input type="radio"/> NO <input checked="" type="radio"/>	LOCK BOX CODE:
IS THE BUSINESS ALARMED?	YES <input type="radio"/> NO <input checked="" type="radio"/>	ALARM TYPE:
ALARM COMPANY NAME:	ALARM COMPANY PHONE #:	
IF THERE ARE ZONES, PLEASE LIST HOW MANY AND WHAT THEY ARE LABELED AS:		
PROPERTY OWNER: Kerni Fowler	PROPERTY OWNER PHONE #: 978-375-3943	
PROPERTY OWNER HOME ADDRESS: 62 folly Mill Rd Salisbury Ma.		
ARE THERE ANY HAZARDOUS OR EXPLOSIVE MATERIALS ONSITE?	YES <input type="radio"/> NO <input checked="" type="radio"/>	IF YES; WHAT?

[CBMS Form Applications](#)
[CBMS Application](#)
[CBMS Application](#)
[Application Review](#)
[Application Review](#)
[Application Review](#)
[Application Review](#)
[Application Review](#)
[Application Review](#)

## CBMS - Business License

Fire Dept - Dispatch  
Water Department

[Print](#) | [Search](#) | [Import](#) | [Export](#) | [Export Blank](#) | OWNER

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. - B. 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 Beach Regulation 105 CMR 445.000 and the above described establishment will be operated and maintained in  
[xmaponline.net/seaproducts/cbms.php?use\\_react=yes&tab=3](#)