

APPLICATION FOR BLASTING PERMIT

Please type or print

A. PERSONAL INFORMATION

1. Name _____
2. Address _____
3. How long at present address, if less than 5 years, list previous address for last 5 years:

4. Date of birth: / / Place of birth: _____
5. Have you ever been arrested? _____ If yes, please list date, offense, city where
arrest occurred. _____
6. Have you ever been convicted of a felony? _____ If yes, please list date, city where conviction
occurred _____
7. Have you in your employ anyone who has been convicted of a felony? _____ If yes, please list
names and addresses.

8. List name and addresses of your employers for 5 years prior to date of this application:

B. LOCATION/PREMISE INFORMATION

1. Location where explosives are to be kept :

2. How are explosives to be stored? (what type of containers) _____
3. List type and maximum amount of explosives to be kept?

4. Specify length of time explosives to be stored at location _____
5. Location of premises where blasting to occur _____
6. Are the premises occupied in whole or part dwelling? _____
7. Length of time you anticipate the blasting to last at this location? _____

C. PARTNERSHIP

(if application is on behalf of a partnership, complete the following)

1. Names, addresses, date and place of birth of all partners, whether general or limited.

2. List name and address any other person who has any financial interest in the partnership.

3. Are all members of the partnership eligible for a license as individuals?

4. Attach information for each partner regarding questions 1 through 8, Section A of this form.

D. CORPORATION

(If application is on behalf of a corporation, complete the following)

1. Name of corporation: _____

2. Date of incorporation _____ State in which incorporated _____

3. Names and addresses of all officers and directors of corporation, including name and address of resident manager.

NAME	ADDRESS	POSITION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Names and addresses of all stockholders of corporation owning 10 % or more of the capital stock, including number of shares held by each.

NAME	ADDRESS	NO. OF SHARES
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_____	_____	_____
_____	_____	_____
_____	_____	_____

E. PERSONNEL

(answer the following for all personnel that is to handle or discharge explosives)

1. Name _____

2. Address _____

3. How long at present address? _____

4. Spouse's name _____

5. Have you ever been arrested? _____ If yes, give date, city, and final disposition of case. _____

6. Have you ever been convicted of a felony? If yes, give date, city, and final disposition of case. _____

7. Name and address of employers for the last 5 years.

- 8. Are you literate in the English language? _____
- 9. Are you of temperate habits? _____
- 10. Are you familiar with the laws and provisions of the ordinances governing the storage and use of explosives in the City of Osage Beach ? _____
- 11. Are you capable of performing the duties incidental to his work without unnecessary hazards to himself or others? _____

State of Missouri

ss

County of Camden

I, _____ being first duly sworn, upon oath state that I am the person who is to be in fact actively engage in the actual control of explosives for which this application is made and that all statements contained in the foregoing application is true; that I have read and fully understand the Osage Beach ordinance on blasting; that I and those under my employ will fully comply with all of the provisions of the aforesaid ordinance, and that I will permit a representative of the City of Osage Beach to inspect my blasting operations at all reasonable times.

Signature

State of _____

ss

County of _____

Subscribed and sworn to before me, this _____ day of _____, 20 _____.

My commission expires: _____

Notary Public