



PERMIT/LICENSE APPLICATION

APPLICATION TRACKING # _____

FOR OFFICE USE ONLY

PERMIT NO. _____
RECEIPT NO. _____
DATE ISSUED: _____

OWNERSHIP INFORMATION

1. Name of Applicant _____

2. Office Telephone Number _____

3. Mailing Address _____

Mine is located _____ of _____
(miles) (direction) (town)
on Public Road No. _____ in _____ County/City

4. Type of Organization:

- () Sole Proprietorship - Complete questions A,B,C,D,E,F,G,I
() Corporation - Complete questions A,B,C,D,E,F,G,J,K,L,M,N
() Partnership - Complete questions A,B,C,D,E,F,G,H,I
() Other/LLC - Complete questions A,B,C,D,E,F,G,H,J

Specify: _____

(A) Name, address and telephone number of the Mine _____

(B) MSHA ID number of the Mine (if applicable) _____

(C) Person with overall responsibility for operating decisions at the mine:

Name/Title _____
Address _____
Phone _____

(D) Person to be contacted in the event of an accident or emergency:

Name Address Telephone

(E) Person with overall responsibility for health and safety at the mine:

Name Address Telephone

(F) Person responsible for business operation of the mine:

Name Address Telephone

(G) Federal Tax ID Number of Applicant _____

(H) List all individuals having any ownership interest in the organization.

Name/Title Address Telephone

(I) Trade name, address, and telephone number for sole proprietors/partnerships:

(J) Principal organization officials, corporate officers, directors, and members:

Name/Title	Address	Telephone
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

(K) Corporation name, address, and telephone number if different than applicant:

(L) State of Incorporation _____

(M) Registered Agent:

Name	Address	Telephone
<hr/>	<hr/>	<hr/>

(N) If a subsidiary, provide:

Parent Organization Name: _____

Address _____

Telephone _____ State of Incorporation _____

5. Name, address, and telephone number of person(s) authorized to sign permit/license documents:

Name	Address	Telephone
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. (A) Have any of the above listed (1) persons, or (2) companies owned, in whole or in part, by said persons, the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization had a mining permit issued by Virginia or any other state revoked? Yes No

(b) If yes, give a brief statement of action.

7. Have any of the persons listed above been convicted of violating any of the following sections: 45.2-127, 45.2-505, 45.2-856, and 45.2-849 as related to smoking in underground coal mines or tampering with methane detection equipment in underground coal mines?
 Yes No

If yes, give name of person convicted. _____

OPERATIONS INFORMATION

8. Latitude _____ Longitude _____

9. Mineral to be mined _____ Estimated annual production (in tons) _____

10. Type of Mine: () Open Pit () Quarry () Underground () Dredge
() Dragline () Other (specify) _____

11. COMPLETE EITHER A OR B

(A). List all MSHA Federal Identification Numbers issued to the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization.

Identification No.	Status
_____	_____
_____	_____
_____	_____

(B). List all names under which the applicant and either members of the applicant or any person having 20% or greater ownership interest in the applicant operates a mine which has been issued a MSHA Federal Identification Number.

12. List any mining permits of any type held by the applicant in Virginia and the applicable permit identification numbers.
Issuing Authority Permit No./Identification No.

_____	_____
_____	_____
_____	_____

13. Will explosive storage and blasting be required? () Yes () No

14. Number of employees each shift 1 _____ 2 _____ 3 _____

15. Distance in feet to nearest inhabited building _____

16. Does the applicant have the personnel and facilities to provide safety training to its employees?
() Yes () No

17. List any person with an ownership or leasehold interest in the surface land or minerals to be mined.
NAME ADDRESS

Surface _____

Surface _____

Mineral _____

Mineral _____

18. Specify source of applicant's legal right to enter and conduct mining operations on land covered by the permit:

Provide deed book number, page number, parties to the deed or lease, date of execution or provide a copy of the deed or lease.

19. Please provide the following information for any contractors who will be working on the mine site (attach additional sheets as necessary).

Contractor's Trade Name _____ DMM # _____

Business Address _____

Business Telephone _____ MSHA ID # (if available) _____

Address of Record _____

Service to be Provided _____

Where at the Mine Will the Work be Provided _____

Persons with responsibility for operating decisions:

Name	Address
_____	_____
_____	_____

Persons with responsibility for the health and safety of employees:

Name	Address
_____	_____
_____	_____

20. List rivers, streams, tributaries or water impoundments on or adjacent to permitted property.

Name of waterway	pH adjacent to the mine	Tributary to
_____	_____	_____
_____	_____	_____

21. Specify how mine discharge and storm runoff water will be handled to minimize impact on any water courses. (Detail drainage plan attached). _____

22. Specify any chemicals or hazardous materials (including petroleum products) which will be used on the mine site and methods to be employed to prevent contamination of land and water resources on or adjoining permitted property.

OPERATION/RECLAMATION PLANS

23. Specify the materials which will be generated by mining operations and the plans for handling and disposal during operations and reclamation.

TYPE OF MATERIAL

DISPOSAL METHOD

Overburden _____

Spoil/Waste Minerals	_____
Scrap Metal	_____
Scrap Tires	_____
Used Oil and Lubricants	_____
Trash and Debris	_____
Hazardous Material	_____
Buildings/Structures	_____

PLANS: OPERATION/RECLAMATION/DRAINAGE PLAN

24. Describe in detail the method of mining, procedures for handling drainage, regrading, and vegetation during active mining and upon completion (attach narrative).

CERTIFICATION/SIGNATURE

I, _____, state that all the presentations contained in the foregoing
 (Print Name)
 application are true to the best of my knowledge; and that I am (an executive officer), (a general partner), (the sole proprietor), (a legal representative), of the applicant, duly authorized to make this application on its behalf.
 On behalf of the applicant, I hereby authorize the Mineral Mining Program to conduct such safety/reclamation inspections as it may deem necessary or as may be required by law on this mining operation.

 Signature Title

subscribed and sworn to, this _____ day of _____, _____
 (Month) (Year)