

*Southern Stone County Fire Protection district  
Bureau of Fire Prevention*



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## **Application to Blast, Transport, or Store Explosives Annual Permit**

Date: \_\_\_\_\_

New Application: [  ] Renewal: [  ]

If a Renewal, Year of Last Permit: \_\_\_\_\_

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Type of Permit(s) issued:

**Permit to Use** Yes [  ] No [  ]

**Permit to Blast** Yes [  ] No [  ]

**Vehicle Inspection** Yes [  ] No [  ]

**Permit to Store** Yes [  ] No [  ]

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Applicant Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Mobile Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Company: \_\_\_\_\_  
Phone:(\_\_\_\_\_)\_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
FAX:(\_\_\_\_\_)\_\_\_\_\_

Company: \_\_\_\_\_  
Phone:(\_\_\_\_\_)\_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
FAX:(\_\_\_\_\_)\_\_\_\_\_

Company: \_\_\_\_\_  
Phone:(\_\_\_\_\_)\_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
FAX:(\_\_\_\_\_)\_\_\_\_\_

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Type: \_\_\_\_\_ Number: \_\_\_\_\_

Storage Location Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Proof of Certificate of Liability Insurance YES { } NO { }

Proof of Licensed Blaster by State Fire Marshal YES { } NO { }

Signature: \_\_\_\_\_

**Permit Fee is \$75.00**