

**APPLICATION FOR PERMIT TO PURCHASE, USE, TRANSPORT,
SELL OR MANUFACTURE EXPLOSIVES**

This form is to be completed by the applicant and returned to the *Office of the State Fire Marshal, 221 S. Central Avenue, Pierre, SD 57501.*

Only one permit will be issued to the applicant and is to be displayed at the place of business, the applicant will be responsible for making copies and placing the information at each site.

SECTION A

Federal Permit Number (if any) _____

Name (if partnership, include name of each partner, if corporation include names of all officers)

Business Address: _____ City _____ State _____ Zip _____

Business Telephone Number: _____

Trade Name (if any): _____

Is the Business located in?

- A Commercial Building Other (specify) _____
 A Residence

Is Business:

- Individually Owned A Corporation
 A Partnership Other (specify) _____

Responsible Individual in South Dakota:

Name: _____ DOB: _____ SS# _____ Telephone: _____

Address: _____ City _____ State _____ Zip _____

SECTION B

Applicant will handle explosives as a:

- | | |
|---------------------------------|---------------------------------------|
| <input type="checkbox"/> User | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Manufacturer |

Intends use of:

- | | |
|--------------------------|--------------------------|
| a) High Explosives _____ | c) Blasting Agents _____ |
| b) Low Explosives _____ | |

What is your intended use of the explosives?: _____

Total Number of Storage Facilities in South Dakota:

- | | |
|-------------------------|------------------------|
| a) Permanent Type _____ | b) Portable Type _____ |
|-------------------------|------------------------|

Number and Type of Portable Storage Facilities:

- | | |
|------------------|-----------------------|
| a) Boxes _____ | c) Semi-Trailer _____ |
| b) Trailer _____ | d) Other _____ |

Locations of each: _____

SECTION C

Individual(s) with access to each storage facility:

Name	Position	SS #	Home Address & Phone #

Use separate sheet for additional names.

SECTION D

IS ANY PERSON NAMED ON THIS APPLICATION:

Under indictment or information in any court for a crime punishable by imprisonment for a term exceeding one year? YES _____ NO _____

A fugitive from justice? YES _____ NO _____

Under 21 years of age? YES _____ NO _____

An unlawful user of or addicted to marijuana or any depressant or stimulant drug or narcotic drug? YES _____ NO _____

Ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? YES _____ NO _____

Ever been adjudicated as a mental defective or been committed to any mental institution? YES _____ NO _____

MUST BE COMPLETED IF APPLICANT IS A CORPORATION

Is this corporation under indictment or information for a crime punishable by imprisonment for a term exceeding one year? YES _____ NO _____

Has the corporation ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? YES _____ NO _____

SECTION E - CERTIFICATION

I declare that I have examined this application, and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete.

I also certify that I am familiar with all published state laws and local ordinances relating to explosive materials for the location in which I intent to do business.

Applicant's Signature _____ Title _____ Date _____

AFFIDAVIT

STATE OF SOUTH DAKOTA

COUNTY OF _____

Who resides at _____

In the County of _____ being duly sworn according to law, on his oath deposes and says that: He is the applicant named in the above application; he is familiar with the contents of said application and says that the statements therein contained are true to the best of his knowledge and belief and are made for the purpose of receiving the permit from the Department of Public Safety, Office of State Fire Marshal in accordance with the provisions of S.D.C.L. 22-14A.

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

My commission expires on _____

Notary Public Signature

For Office Use Only

Checked by _____ Permit Number _____

Date Issued _____ Expiration Date _____

Signature of Approving Authority _____ Dated _____