

**Alaska Mining License Application**

May 1, 2016 to April 30, 2017

**Submit one Application per Mining Operation** (See instructions for more information)

Application Type <input type="checkbox"/> New <input type="checkbox"/> Renewal	Current License Number (If applicable)	If applicant is a fiscal year tax filer, enter tax year-end Month _____ Day _____
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**Applicant Information** – Complete the proper section for your entity type

Complete this section if applicant is an individual (Must provide SSN)  <input type="checkbox"/> Individual/Sole Proprietor (Operating under the individual's name)  <input type="checkbox"/> Individual/Sole Proprietor (Operating under a business name)  <input type="checkbox"/> Single Member LLC	Individual Name	
	SSN	FEIN (If applicable)
	Business Name (dba)	

Complete this section if applicant is a separate legal entity (See instructions, next page)  <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture  <input type="checkbox"/> Partnership <input type="checkbox"/> Estate  <input type="checkbox"/> Multiple Member LLC <input type="checkbox"/> Other _____	Business Entity Name	
	Federal EIN	
	Business Name (dba)	

Primary Mailing Address			Phone Number – Primary
City	State	Zip Code	Phone Number – Alternate (If applicable)
Secondary Mailing Address			Email
City	State	Zip Code	Contact Name and Phone Number (If different from above)

**Property Information**

Property Location (Name of site)	Property Coordinates (Meridian, township, range and section)
Recording District for Mining Location (See instructions)	APMA Number (If applicable)

Applicant Relationship to Property (Check only one)  <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Lessee/Operator  <input type="checkbox"/> Owner/Lessor <input type="checkbox"/> Other _____	Land Location (Check all that apply)  <input type="checkbox"/> State <input type="checkbox"/> Private – Patented  <input type="checkbox"/> Federal <input type="checkbox"/> Private – Native Corporation
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If the applicant is leasing the property (Lessee/Operator), please provide the name and address of the Owner/Lessor	
Owner/Lessor Name	Owner/Lessor Address

The type of metal, mineral or other commodity being produced from the operation (Check all that apply)				
<input type="checkbox"/> Coal	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum	<input type="checkbox"/> Tin	<input type="checkbox"/> Other
<input type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input type="checkbox"/> Silver	<input type="checkbox"/> Zinc	_____

Type of Mining Activity (Check all that apply)				
<input type="checkbox"/> Coal	<input type="checkbox"/> Hard Rock	<input type="checkbox"/> Open Pit	<input type="checkbox"/> Placer	<input type="checkbox"/> Suction Dredging

***I declare under penalty of unsworn falsification that this application has been examined by me, and to the best of my knowledge and belief is true, correct and complete.***

Signature	Printed Name and Title	Date
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