

**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 _____ Year _____
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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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