INSTRUCTIONS FOR LICENSE TO SURFACE MINE APPLICATION

Print or type responses to all questions!

The application shall be accompanied by a $300 filing fee for original license or a $150 filing fee for license renewal. Payment shall be made by check or money order made payable to the Maryland Department of the Environment. Refunds of fees will not be made if the application is refused or denied.

Check appropriate box specifying if application is original or renewal.

Item (1) Applicant's name and address shall be the same as the principle operator's.

Provide Worker’s Compensation Insurance Number.

Check appropriate box indicating whether applicant is an individual, partnership, corporation or Limited Liability Corporation.

Provide Federal Identification Number or Social Security Number. (Will remain confidential)

Item (2) Provide date the corporation was registered in Maryland with the Department of Assessment and Taxation

Item (3) List only those individuals included as principles. If applicant is sole owner, please indicate. List the registered agent.

Item (4) Complete the required information and check appropriate boxes. If question does not apply indicate “N.A.”

Item (5) Check appropriate box. If “YES”, explain.

Sign and return application to:

Maryland Department of the Environment
Minerals, Oil, & Gas Division
P. O. Box 1417
Baltimore, Maryland 21203-2057

If additional space is needed, use a plain sheet of paper and attach to application.
APPLICATION FOR LICENSE TO SURFACE MINE

In compliance with provisions of Title 15, Subtitle 807, of the Annotated Code of Maryland and applicable regulations of the Land and Materials Administration, application is hereby made for a license to surface mine for minerals other than coal.

1) Applicant Name: ____________________________________________________________
   Address: ___________________________________________________________________
   __________________________________________________________________________

   Telephone: ________________________________ Fax: ________________________________

   a) Worker’s Compensation Insurance Number: ________________________________

   Check one:  [  ] Individual  [  ] Partnership  [  ] Corporation  [  ] Limited Liability Corporation

   b) Federal Identification Number or Social Security Number: ______________________________

2) If operator is a corporation, is corporation registered to do business in Maryland?
   [  ] YES  [  ] NO

   Date Registered: ________________________________

3) If applicant is a partnership, list all partners either full or limited and addresses. In the case of a corporation, list registered agent, all principle officers, directors, and addresses.

   Name & Title: ____________________________________ Address: ________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   ____________________________________________ , Registered Agent:______________________
4) Were any of the above-named (in item #3) ever previously engaged in surface mining as an individual, partner, or officer of a corporation and if so, was such conducted under a name different than that of applicant?

[ ] YES  [ ] NO

Name of Individual: __________________________________________

Name under which operation was conducted: ____________________________

Date operation was conducted: ____________________________

Are there presently any outstanding violations against applicant?  [ ]YES  [ ] NO

Has there been any bond forfeitures in any state by applicant or by any member(s) of the corporation or partnership?

[ ] YES  [ ] NO

If YES, attach details on a separate sheet.

5) Have you previously been licensed as a surface mine operator and failed to renew your license?

[ ] YES  [ ] NO

If YES, explain: ____________________________________________

I hereby certify that all information contained in this application is true and correct to the best of my knowledge and that any willful misrepresentation of facts will result in the suspension/revocation your permit.

By submission of this application I hereby accept the responsibility of conducting the operation in accordance with the approved drilling and operations permit, plans, maps and any occupying documents.

Typewritten name and title ____________________________ Original Signature ____________________________ Date ____________________________

Email Address ____________________________

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“MDE”) is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov’t §§ 10-601, et seq.). This form may be made available on the Internet via MDE’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.