



South Carolina Department of Labor, Licensing and Regulation
Division of Fire and Life Safety
Office of State Fire Marshal
141 Monticello Trail
Columbia, SC 29203
Phone: (803) 896-9854 Fax: (803) 896-9806

Application for Explosives Dealer License

FOR OFFICE USE ONLY

CHECK ONE

LICENSE NO: _____

_____ Class I (\$1,000.00)

DATE OF ISSUE: _____

_____ Class II (\$250.00)

Proper payment and any other required documentation must accompany each application. All questions on the application must be completed. Any incomplete license package will be returned to the applicant.

TYPE OR PRINT IN BLACK INK

1. Company Name _____

2. Business Location: _____

Street

City

Zip

3. Mailing Address: _____

4. Business Phone : _____

5. SC Tax Identification Number: _____

6. Federal Tax Identification Number: _____

7. Is this a corporation or partnership? _____

If it is a corporation, give the state of incorporation: _____

List the names of the individual principal officers or partners and their percent of business ownership:

NAME

% OWNERSHIP

DOB

SSN#

ADDRESS

(OVER)

8. If this is a Sole Proprietorship, please provide the following:
 Name: _____
 Address: _____
 DOB: _____ SSN: _____
9. Is any type of business other than explosives conducted at this site? If so, please explain:

10. Is there any off-premise storage of explosives? _____
 If so, indicate location and describe: _____
11. Normal inventory of explosives by weight: _____
12. Describe in detail the explosive items you intend to store and stock: _____

13. Supplier of explosive materials: _____
14. Will explosives be stored for other than licensee? _____
 If yes, explain: _____
15. State business hours: _____
16. Name and address (office and home), of individual responsible for maintaining records:

17. Location of records, if other than business: _____

I certify that I have received, read and understand copies of the SC Explosives Control Act of 1986 and the Rules and Regulations promulgated under Section 8 thereof, these being codified as Subarticle 3, 71-8302 through 71-8302.8. I further certify that the information contained herein is true and correct to the best of my knowledge.

 Signature of Applicant

SWORN TO BEFORE ME THIS
 ____ DAY OF _____, 20____

 NOTARY SIGNATURE

MY COMMISSION EXPIRES _____

{dealerapp}