



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 MAGAZINE PERMIT
For Year January 1, 2008 through December 31, 2008

FOR OFFICE USE ONLY

FEE: \$50 EACH

MAGAZINE # _____
DATE _____
INSPECTED BY _____
DATE STICKERED _____

(Circle One) Type of Magazine 1 2 3 4 5

Physical Location of Magazine: _____

Was magazine licensed last year: Yes _____ No _____ If yes, give Magazine # _____

Please provide internal magazine name or identification number from previous year: _____

Company name: _____

Address: _____

County: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Federal Tax Identification Number: _____

Identify type of license held and number: _____

Type and amount of Explosives (high explosives, low explosives, blasting agent, detonators, etc.) stored at this time or to be stored: _____

List blaster or explosives dealer responsible for magazine records. *Note licensed dealer, his agent, or licensed blaster shall be the only person in possession or control of explosives per SC Regulation 71-8302.3(A):

Distance in feet from nearest:

Magazine: _____ Public Highway: _____ Passenger Railway: _____

Non-Company owned building or structure: _____

Company owned building or structure _____

ATTACH DIRECTIONS TO THE PHYSICAL LOCATION OF MAGAZINE WITH APPLICATION

I have received and read the Memo on Record Keeping & Storage Magazine Requirements:

YES _____ No _____

SIGNATURE OF MAGAZINE USER

DATE