

# APPLICATION

## FOR PERMIT TO POSSESS, MANUFACTURE, STORE, HANDLE, SELL, OR USE EXPLOSIVES OR EXPLOSIVE MATERIAL



**BUILDING & SAFETY DEPARTMENT**  
**Bureau of Fire Prevention**  
 555 S. 10th St., Suite 203, Lincoln, NE 68508  
 P: 402-441-7521



BFP Permit #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Permit Fee: \$ \_\_\_\_\_

**Please Type or Print**

Name (if partnership, include name of each partner):	U.S. Citizen:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Name (if any):	Employer ID No. or Social Security No.:
Business Address (street/city/state/zip):	Date Operations to Start:
Mailing Address (if different from above):	Payment for Permit is Attached or Endorsed – In The Form Of:  <input type="checkbox"/> Money Order <input type="checkbox"/> Check  Amount Submitted: \$ _____  <b>Permit fee of \$150.00 due when application submitted</b>
Home Address (street/city/state/zip):	
Telephone Numbers:  Business (    ) _____      Home (    ) _____ Cell (    ) _____              Fax (    ) _____	

**Purpose for Which Explosives Will Be Used**

- Agriculture                       Construction                       Demolition                       Road Building                       Seismographic Research  
 Coal Mining                       Other Mining/Quarrying     Other Lawful Activity (specify): \_\_\_\_\_

List type if explosive materials to be used: *indicate specific type of explosive and amount intended to be used*

- High Explosives  
 Low Explosives  
 Blasting Agents  
 Other

**Storage Facility Information:**

Applicant will store explosive materials     Yes                       No

List location/description of each permanent storage facility and business name:

List type/description of each portable/mobile storage facility/day box (*attach separate sheet if necessary*):