

Form 3
APPLICATION FOR MAGAZINE LICENSE

EXPLOSIVES MAGAZINE _____ (Excluding Detonators)
 DETONATOR MAGAZINE _____

APPLICANT'S NAME _____
 APPLICANT'S ADDRESS _____
 TELEPHONE _____ POSTAL CODE _____

COMPANY NAME _____
 ADDRESS _____
 TELEPHONE _____ POSTAL CODE _____

MANAGER _____

LOCATION OF MAGAZINE
 (to be accompanied by acceptably scaled plan of magazine and area)
 PROVINCE _____ COUNTY _____
 TOWNSHIP _____ CITY OR TOWN _____

EXPLOSIVE OR DETONATORS TO BE STORED
 - CLASS _____
 - DIVISION _____
 - NAME AND DESCRIPTION _____

NEW APPLICATION _____ RENEWAL _____

DESCRIPTION OF MAGAZINE

Mag No.	Type of Construction	Size			Maximum Quantity	Distance Dwelling	Nearest Road
		L	W	H			

DATE _____

 MANAGER'S SIGNATURE

 APPLICANT'S SIGNATURE

*Fees shall be made payable to the Minister of Finance and in accordance with the current fee schedule.