



Application for Permit to POSSESS, MANUFACTURE, STORE, HANDLE, SELL, OR USE EXPLOSIVES OR EXPLOSIVE MATERIAL

Bureau of Fire Prevention – City of Lincoln

555 S 10th St. Rm 203 • Lincoln, NE 68508-3995 • [Building & Safety Website](#)

Phone No. 402-441-7791 • Fax No. 402-441-6442 • 24-Hour Inspection Line 402-441-8213

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: \$ _____ Permit fee of \$150.00 due when application submitted
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*):