



APPLICATION FOR MINING LICENSE

Date _____

Company Name _____

Company Contact _____

Mailing Address _____
Street City State Zip Code

Telephone _____ *Please check if new address or information*

Email: _____

Mine Type:

River Dredge _____ Number of Operations

Surface _____ Number of Operations

Underground _____ Number of Operations

Main Iowa
Office Address _____
Street

City State Zip Code Telephone _____

This application is for:
New License (\$50.00)
Renewal (\$20.00)

Name _____ Title _____

Signed _____

MAKE CHECKS PAYABLE TO:

TREASURER, STATE OF IOWA

MAIL REMITTANCE AND APPLICATION TO:

Abigayle Sweet (ph: 515-306-1636)
MINES & MINERALS BUREAU
Division of Soil Conservation and Water Quality
502 East 9th Street
Des Moines, Iowa 50319

AREA BELOW FOR OFFICE USE ONLY

License Issued _____ DATE License No. _____

Check # _____
Date _____
Total Amount _____
Fee 015= _____ Fee016= _____