



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 MISSOURI GEOLOGICAL SURVEY
 LAND RECLAMATION PROGRAM
COMPANY INFORMATION

Permittee Name:	Permit Number:
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COMPANY INFORMATION – 10 CSR 40-10.020(2)(A)8

A. The applicant is a:
 Corporation Partnership Single Proprietorship Association Other (Specify):

In order to receive a permit from the Land Reclamation Program to conduct commercial surface mining, the applicant must be registered with the Secretary of State.

B. List the applicant and every person with the applicant in a management function responsible for compliance with sections 444.500 to 444.790 RSMo. The definition of “person associated with the applicant in a management function” means any proprietorship, subsidiary, corporation, sister corporation, successor corporation, or the applicant’s officers and directors if the applicant is a corporation, and includes all partners if the applicant is a partnership.

As a practical guide, first consider who is “responsible for compliance.” Only list names of individuals or companies responsible for the applicant’s compliance. For ownership, list only an individual or company that holds 51 percent or more of the value of the applicant’s company and who is responsible for compliance.

If no other individuals or companies are associated with the applicant, please check the box at the left, and continue on to Permit Information Form section.

NAME	TELEPHONE NUMBER WITH AREA CODE
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BUSINESS ALIAS (IF ANY)	MAILING ADDRESS
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CITY	STATE	ZIP CODE
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OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No	PERCENT OWNER (OPTIONAL)	TITLE – SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF
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BEGINNING DATE OF TERM	ENDING DATE OF TERM
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NAME	TELEPHONE NUMBER WITH AREA CODE
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BUSINESS ALIAS (IF ANY)	MAILING ADDRESS
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CITY	STATE	ZIP CODE
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OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No	PERCENT OWNER (OPTIONAL)	TITLE – SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF
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OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No	PERCENT OWNER (OPTIONAL)	TITLE – SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF
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BEGINNING DATE OF TERM	ENDING DATE OF TERM
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NAME		TELEPHONE NUMBER WITH AREA CODE	
BUSINESS ALIAS (IF ANY)		MAILING ADDRESS	
CITY	STATE	ZIP CODE	
OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No	PERCENT OWNER (OPTIONAL)	TITLE – SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF	
BEGINNING DATE OF TERM		ENDING DATE OF TERM	

PERMIT INFORMATION – 10 CSR 40-10.020(2)(A)7

List every permit held by the applicant and any entity listed in: COMPANY INFORMATION. This means a permit issued only by the Department of Natural Resources' Land Reclamation Program, including those that may have been revoked, suspended, expired or bond released.

If no other permits have been issued by the Land Reclamation Program to the applicant or any other entity associated with the applicant, check the box at the left, sign the last page of this form and have the signature notarized.

NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
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NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	

SIGNATURE REQUIRED

Note: This form is required with each new permit or when transferring an existing permit or if one has never been completed or if there is a change in management positions.

By signing this form the applicant verifies all information contained in the form is correct, complete, and true to the best of the applicants' knowledge.

SIGNATURE OF APPLICANT	TITLE	DATE
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Submit all forms to: Missouri Department of Natural Resources
Land Reclamation Program
PO Box 176
Jefferson City, MO 65102-0176

Phone: 573-751-4041
Fax: 573-751-0534
Website: dnr.mo.gov

FOR DEPARTMENT USE ONLY

APPROVED BY	DATE APPROVED	PERMIT NUMBER	EXPIRATION DATE
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