

Virginia Department of Energy

Coal Mine Safety

3405 Mountain Empire Road Big Stone Gap, VA 24219 (276) 523-8100 / Fax (276) 523-8239

LICENSE APPLICATION FOR COAL MINING

This company is a:	Sole Proprietorship Partnership		this page and Section A chis page and Section B chis		
	Corporation		this page and Section C of		
	Other	Complete t	this page and Section D	on page 2.	
Official Business Name	e of Operator/Comp	any:			
		_ Mine Ph. #	DMLR	# M	SHA ID #
Official Mailing Addre	ess:				
Company Telephone #	, ——— O	fficial E-mail addro	ess:		
Mine is located (County	'): 1	Directions to mine:			
Application for: If Change of Ownershi		Change of ompany Name:	Ownership Previous Mine	Nama	
3.69 60 77 1					
· =					Reclamation Only
Seam:		Latitud	e:	Longitud	e:
Name and address of th	e person with overall	responsibility for o	perating decisions at the	mine:	
Name(s) and address(es	s) of the lead person v	with overall responsi	bility for health and safe	ty at the mine, and o	others as applicable:
Additional Sheet Attache	d 🗆				
Name(s) and address(es	s) of agent(s) of the o	perator with respons	ibility for the business of	peration of the mine	:
Additional Sheet Attache	d 🗌				
Name(s) and address(es)) of person(s) with an	ownership or lessel	and interest in the coal o	or minarals to be min	
rvanic(s) and address(es) of person(s) with an	ownership or leaser	ioid interest in the coar o	Timiciais to be iiiii	.cu.
Additional Sheet Attache					
	_				
Name(s) and address(es)) of person(s) to be co	ontacted in the event	of an accident or other e	emergency at the mir	ne:
Additional Sheet Attache	d				
	_				
The items checked belo)w are attached with		G. (C. 1 Cl 1	1 1.1 T	
For all applications: For change of owners	chin annlications:	**	n fee (Cash or Check mad ment completed by previ	·	asurer of Virginia)
For change of owners	sinp applications: _	*	onnage report) completed		L
	_		m previous operator	1 by previous operati	
	_		<u>F</u>		
I certify under Section 4 attachments are true, co		_	the information provid	ed in this application	on and required
(3)					
(Signature) I am the Agent	☐ Corporate Of	ficer		Date) etor	
ram the Agent	☐ Corporate Or	neei rafui	□ Sole Flopfi	CiOi	

Section A: Sole Proprietorship Full name, address and telephone number of Sole Proprietor:
Trade name, if any, and address and telephone number of Proprietorship:
Federal mine ID numbers of all other mines in which the sole proprietor has 20% or greater ownership interest:
Additional Sheet Attached Section B: Partnership Trade name, if any, and address and telephone number of Partnership:
Federal mine ID numbers of all other mines in which the partnership has 20% or greater ownership interest:
Additional Sheet Attached Full name(s) and address(es) of all partners:
Additional Sheet Attached Federal mine ID numbers of all other mines in which any partner has 20% or greater ownership interest:
Section C: Corporation Name, address and telephone number of Corporation:
State of incorporation If corporation is a subsidiary corporation, name and address of parent corporation:
State of incorporation of parent corporation Federal mine ID numbers of all other mines in which the corporation has 20% or greater ownership interest:
Additional Sheet Attached Full name(s) and address(es) of each officer and director of the corporation:
Additional Sheet Attached
Additional Sheet Attached Section D: Other Types of Organizations Type of organization:
Name, address and telephone number of Organization: Federal mine ID numbers of all other mines in which the organization has 20% or greater ownership interest:
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Additional Sheet Attached Full name(s) and address(es) of each individual who has an ownership interest in the organization:
Additional Sheet Attached Full name(s) and address(es) of principal organization officials or members:
Additional Sheet Attached Federal mine ID numbers of all other mines in which any official or member has 20% or greater ownership interest:
Additional Sheet Attached