



**State of New Hampshire**  
**DEPARTMENT OF SAFETY**  
**DIVISION OF STATE POLICE**  
 PERMITS & LICENSING UNIT  
 33 HAZEN DRIVE  
 CONCORD, NH 03305  
 (603) 223-3873



**RENEWAL APPLICATION FOR LICENSE TO STORE EXPLOSIVE MATERIAL**

**OFFICIAL USE ONLY BY STATE POLICE**

NEW LICENSE NUMBER: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_  
 (Expires one (1) year from date of Issue)

PREVIOUS STORAGE LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Person Signing Application, if other than above: \_\_\_\_\_

Date of Birth of Person Signing Application, if other than above: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Telephone # : \_\_\_\_\_

Type (Check Box) Fee to be Submitted With Application:

- |  |  |
|--|--|
| <input type="checkbox"/> # 1 PERMANENT - \$50.00 | <input type="checkbox"/> # 4 INDOOR - \$10.00  |
| <input type="checkbox"/> # 2 OUTDOOR - \$50.00   | <input type="checkbox"/> # 5 OUTDOOR - \$50.00 |
| <input type="checkbox"/> # 2 INDOOR - \$10.00    | <input type="checkbox"/> # 5 INDOOR - \$10.00  |
| <input type="checkbox"/> # 4 OUTDOOR - \$50.00   |  |

Make check payable to: Treasurer, State of NH.

**GIVE DETAILED DESCRIPTION OF PRESENT LOCATION OF STORAGE FACILITY BELOW, INCLUDING:**

Physical Address of Magazine:

Specific Directions to Address:

**OFFICIAL USE ONLY BY STATE POLICE**

Approved  Disapproved  Application Returned

Reason(s) for return or disapproval: \_\_\_\_\_

Date facility inspected: \_\_\_\_\_ Inspected By: \_\_\_\_\_