



MINISTRY OF TRANSPORT AND MINING



MINES AND GEOLOGY DIVISION

ANY REPLY OR SUBSEQUENT REFERENCE TO THIS COMMUNICATION SHOULD BE ADDRESSED TO THE COMMISSIONER OF MINES NOT TO ANY OFFICER BY NAME AND THE FOLLOWING REFERENCE QUOTED:-

HOPE GARDENS
P.O. BOX 141
KINGSTON 6, JAMAICA, W.I.
PHONE: (876) 927-1936-40
FAX: (876) 977-1204
E-MAIL: commissioner@mgd.gov.jm
WEBSITE: www.mgd.gov.jm

ITEMS REQUIRED FOR QUARRY APPLICATION

In order to ensure processing of your application for a Quarry Licence, please supply the following within four (4) weeks of receipt of this notice.

- ✓ Application Fee - \$25,000.00
- ✓ Proof of land ownership (Title or Stamped Lease or Sale Agreement)
- ✓ Location Map (1:12,500 scale)
- ✓ Survey Diagram (at least 1:6000 scale) showing exact area to be quarried
- Resource Evaluation Report (Sand and Gravel only)
- Test Results Certificate
- Restoration Bond
- ✓ Tax Compliance Certificate / T.R.N.
- Quarry Tax Production Returns plus Quarry Tax for the period(s) outstanding - Renewal applications only)
- ✓ Two character references.

PLEASE NOTE:-

For new applicants - A sign must be placed at the quarry site stating: 'It is my intention to operate a quarry at this site. Any objections must be submitted to the Commissioner of Mines, Mines and Geology Division, Hope Gardens, Kingston 6.'

For renewal applicants - A sign must be placed at the quarry site stating: 'It is my intention to continue operating a quarry at this site. Any objections must be submitted to the Commissioner of Mines, Mines and Geology Division, Kingston 6.'

THE QUARRIES CONTROL ACT, 1983

APPLICATION FOR QUARRY LICENCE

To the Minister, through the Commissioner of Mines

QL No. _____ RENEWAL APPLICATION [] NEW APPLICATION []

1. APPLICANT INFORMATION

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

TEL#: _____ FAX#: _____

TRN/T.C.C.#: _____

2. QUARRY INFORMATION

LOCATION: * _____

_____ DISTRICT: _____ PARISH: _____

a) ACTUAL SIZE OF QUARRY: _____

b) HAS THE QUARRY PLAN BEEN SUBMITTED? YES [] NO []

c) ARE SIX COPIES OF LOCATION MAP ENCLOSED? [] NO []

d) NAME OF LANDOWNER: _____

e) ADDRESS OF LANDOWNER: _____

f) BY WHAT MEANS DOES APPLICANT HAVE LEGAL ACCESS TO THE LAND?

OWNERSHIP [] LEASE [] RENTAL [] AGREEMENT [] OTHER []

g) IS PROOF OF OWNERSHIP ENCLOSED? ** YES [] NO []

h) ADJACENT PROPERTY OWNER (S) _____

3. MATERIAL

a) TYPE OF MATERIAL TO BE QUARRIED _____

b) RESERVES ESTIMATE (TONNES/M³) _____

c) ESTIMATE OF DAILY PRODUCTION (TONNES/M³) _____

4. MACHINES AND EQUIPMENT TO BE USED

- a) CRUSCHER (S) _____ LOCATED ON PROPOSED SITE? YES [] NO []
- b) SCREEN (S) _____
- c) BULLDOZER (S) _____
- d) FRONT END LOADER (S) _____
- e) POWER SHOVEL (S) _____
- f) BACK-HOE (S) _____
- g) AIR TRACK DRILL (S) _____
- h) AIR COMPRESSOR AND HAND DRILL(S) _____
- i) HAND SHOVEL _____
- j) OTHER _____

5. GENERAL

- a) PROPOSED NUMBER OF EMPLOYEES _____
- b) IS NON-REFUNDABLE APPLICATION FEE OF \$25,000.00 INCLUDED? YES [] NO []
- c) HAS APPLICANT EVER BEEN CONVICTED UNDER THE QUARRIES LAW (1955) OR THE QUARRIES CONTROL ACT (1983)? YES [] NO []

IF YES, GIVE DETAILS _____

- d) HAS THE APPLICANT EVER BEEN REFUSED A LICENCE? YES [] NO []

APPLICANT'S SIGNATURE

DATE

NOTES:

- * GIVE PRECISE LOCATION eg. ON NORTH SIDE OF ROAD BETWEEN MILE POSTS 5 AND 6 ON THE SPANISH TOWN TO OLD HARBOUR HIGHWAY. ALSO, SUBMIT SIX (6) COPIES OF LOCATION MAP ON THE SCALE 1:12,500 WITH THE LOCATION CLEARLY THEREON. THE MAPS MAY BE OBTAINED AT THE SURVEY DEPARTMENT, 23 ½ CHARLES STREET, KINGSTON.
- ** SUBMIT ONE OR MORE OF THE FOLLOWING: 1) CERTIFICATE OF TITLE, 2) COPY OF STAMPED SALES AGREEMENT OR INSTRUMENT OF TRANSFER, 3) COPY OF SURVEY PLAN OF PROPERTY, 4) COPY OF LEASE AGREEMENT, 5) AFFIDAVIT FROM ATTORNEY OR JUSTICE OF THE PEACE INDICATING OWNERSHIP OR POSSESSION OF LAND.
- IF APPLICANT IS A COMPANY, THE NAMES AND ADDRESSES OF THE DIRECTORS, MEMORANDUM AND ARTICLES OF ASSOCIATION MUST BE SUBMITTED.
- UNDER SECTION 12 OF THE QUARRIES CONTROL ACT, 1983, APPLICANTS ARE REQUIRED TO POST A RESTORATION BOND WITH THE COMMISSIONER OF MINES PRIOR TO THE GRANTING OF THE LICENCE.
- MAKE CHEQUES PAYABLE TO COMMISSIONER OF MINES. RETURN COMPLETED FORM TO: COMMISSIONER OF MINES, MINES AND GEOLOGY DIVISION, P O BOX 141, HOPE GARDENS, KINGSTON 6, JAMAICA.