

## South Carolina Department of Labor, Licensing and Regulation

# South Carolina Liquid Petroleum Gas Board

110 Centerview Dr • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC • 29211-1847 Phone: 803-896-5571 • contact.lpgas@llr.sc.gov • Fax: 803-896-9651 llr.sc.gov/lp

### 2022-2024 LP GAS RESELLER RENEWAL APPLICATION

## Renewal Requirements/Instructions:

- Biennial licensure fee in the form of a check or money order only, made payable to SC LP Gas Board. Application fee is non-refundable. NO CASH IS ACCEPTED. A returned check fee of \$30, or an amount specified by law, may be assessed on all returned funds.
- License must be renewed/postmarked on or before June 30, 2022.
- Copy of your current Certificate of Insurance (per S.C. Code of Laws 40-82-250).

\*\*\*If you are also paying for employee permit renewals as well, you must include a complete renewal application for each employee. Failure to do so will result in your renewal packet being returned unprocessed.

LICENSURE FEE INFORMATION	QUANTITY	TOTAL
Biennial Licensure Fee	1	\$150.00
Employee Fee (\$50 Per Employee/ Per Permit)		
Late Fee (\$100 from July 1, 2022 – August 31, 2022)		
TOTAL		

Please include all necessary documentation with payment or renewal packet will be returned unprocessed.

<b>BUSINESS INFORMA</b>	ΓΙΟΝ				
Name:			License No.:		
Physical Address:					
Stree	t		City	State	Zip
Phone No.:		Email:			
Mailing Address:					
Street			City	State	Zip
Corporate Office Address	s:				
(If different from above)	Street		City	State	Zip
DEALER INFORMATI	ION				
Dealer:	Dealer License No.:				
Business Address:					
Str	reet		City	State	Zip
<b>EMPLOYEES</b>					
Please list each permitted	employee at this l	ocation (attach addition	nal sheets if nee	ded).	
***EMPLOYEES MUS	T COMPLETE A	A SEPARATE RENEY	WAL APPLIC	ATION***	
Name	÷	Permit Number	Renewal Fee Included for this individual?		
		-	1		
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### **INSURANCE**

Certificate of Insurance verifying proof of \$500,000 general liability insurance, including manufacturer's or contractor's liability and product's liability insurance (per S.C. Code of Laws 40-82-250) must be attached to this renewal application.

NOTE: The Insured shall notify the Board a minimum of 30 days prior to liability insurance being canceled, suspended or nonrenewable.

Name of Insurance Company:		
Address:		
Street	City	State Zip
Policy No.:	Expiration Date:	
	NFPA 58 4.4.2, have persons at this location whas into or out of stationary containers complete components?	
<ol> <li>(1) Safe work practices</li> <li>(2) The health and safety hazards</li> <li>(3) Emergency response procedus</li> <li>(4) Supervised, on-the-job training</li> <li>(5) An assessment of the person</li> </ol>	ires	
*Please do not attach training document	tation, this may be requested at a later date as p	part of a board audit.
accurately, and completely. I hereby ack	all questions on this renewal application and mowledge that failure to answer these question initiation of disciplinary action against my Sou	ns truthfully, accurately and
Print Name	Signature	
Title	Date	

#### PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.