



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

Application for LP Gas Dealer

INSTRUCTIONS

Submit the following with your application to the above address:

- Payment by Check, Money Order, or Credit Authorization Form only, in the amount of \$400 made payable to the LP Gas Board. Fee is non-refundable. NO CASH IS ACCEPTED. A fee of \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your current Certificate of Insurance (per S.C. Code of Laws 40-82-250).
- Copy of Fire Safety Analysis (FSA) from the Office of State Fire Marshal (if applicable).
- Copy of written agreement between dealers sharing storage capacities (if applicable).
- List of LP Gas Resellers serviced by this facility.
- Listing of principals or employees who have passed required examinations (per S.C. Code of Laws 40-82-220).

Employees must also complete a separate application available on the Board's website:

<http://www.llr.sc.gov/lp/pub.aspx>

BUSINESS INFORMATION

Business Name: _____ Federal Tax ID Number: _____

Business Address: _____ County: _____
Street City State Zip

Phone Number: _____ Email: _____

Mailing Address: _____
(If different from Above) Street City State Zip

Corporate Office Address: _____
(If different from Above) Street City State Zip

Do you have a Fire Safety Analysis (FSA) from the Office of State Fire Marshal? Yes No

STORAGE INFORMATION

- No more than two dealers may share the capacity of one 30,000 gallon tank (S.C. Code of Laws 40-82-240).
- Dealers sharing storage capacities must have an agreement signed by both parties, stipulate the term, conditions, and available capacity. The duration of the agreement must, at a minimum, coincide with the length of the licensing period (S.C. Code of Laws 40-82-240).

Number of storage tanks: _____ Is this a bulk tank location? Yes No

Total storage amount (gal.): _____ Is the storage capacity shared? Yes No

Address: _____
Street City County State Zip

Payment Information (Check)
 Check #:

If payment is by VISA or MasterCard, complete and attach Credit Card Authorization form.

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 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 Number: _____ Expiration Date: _____

BACKGROUND INFORMATION

All ‘Yes’ answers must be accompanied with a written explanation and supporting legal documentation, i.e. court documents state the disposition, payment arrangement correspondence, documented letter of dispute, etc.

- A) Has this company ever had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted or disciplined by any federal, state, or local authority or operated without a proper license? Yes No
- B) Is any investigation or disciplinary action currently pending against this company? Yes No
- C) Has this company ever been issued a Cease and Desist Order for unauthorized/unlicensed practice? Yes No
- D) Has this company ever been convicted in a court of competent jurisdiction of this or any other state, district, or territory of the United States, or of a foreign country of the offense of forgery, embezzlement, obtaining money under false pretenses, theft, extortion, or conspiracy to defraud or other like offense? Yes No

AFFIDAVIT

I, _____, affirm that all statements contained herein are true and correct to the best of my knowledge and belief. Further, I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalties of perjury that all statements made by me herein are true and correct. I am authorized to complete this application on behalf the applicant and should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial, suspension or revocation of this license.

Signature Title Date

SWORN before me this ____ day of _____, 20_____.

Notary Signature: _____

Notary Seal Here

Print Name: _____

Notary for the State of: _____

My Commission Expires: _____



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LP Gas Permit Holders

List **ALL** principles or employees who have passed the required examinations or have a pending application with the Board – use additional sheets if needed.

The Board may only issue licenses when provided with satisfactory evidence of principals or employees who have passed the required examinations per S.C. Code of Laws 40-82-220. If employment status changes for the below individuals, please notify the Board within ten (10) business days.

Employee permit applications are located on the Board’s website under “Applications and Forms.”
<http://www.llr.sc.gov/lp/pub.aspx>

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email: _____
 Permit Number: _____

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email: _____
 Permit Number: _____

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email: _____
 Permit Number: _____

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email: _____
 Permit Number: _____

Name: _____
 Street Address: _____
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VISA/MASTERCARD PAYMENT FORM

To make payment by VISA/MasterCard, please complete the following information and mail or fax to:

Liquefied Petroleum Gas Board
 South Carolina Department of Labor, Licensing, & Regulation
 110 Centerview Drive
 PO Box 11329
 Columbia, SC 29210
 Fax: 803-896-9651

 Billing Address

 Company Name

Telephone No: _____

Fax No: _____

 Print name as it appears on credit card

Email Address: _____

Type of card: MasterCard VISA

Expiration Date: _____

 Credit Card Number

 Authorized Signature

(FORM IS NOT VALID WITHOUT AUTHORIZED SIGNATURE)

Description	Fee Amount

Do you need a receipt? YES NO