

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 Utility Plant

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 \$500 made payable to 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.

______Federal Tax ID Number: _____

• Copy of your current Certificate of Insurance (per S.C. Code of Laws 40-82-250).

BUSINESS INFORMATION

Business Name: ____

| Business Address: | | | | County: | | |
|--|-------------------------|--------------------|---|--------------------|------------|--------------|
| | Street | City | State | Zip | | |
| Phone Number: | | | Email: | | | |
| Mailing Address: | | | | | | |
| (If different from Above) | Street | | City | | State | Zip |
| Corporate Office Add | ress: | | | | | |
| (If different from Above) | Street | | City | | State | Zip |
| INSURANCE | | | | | | |
| NOTE: The Insured sha nonrenewable. | Il notify the Board a r | ninimum of 30 days | s prior to liability insu | rance being cancel | ed, susper | |
| | | | | | | |
| Address: | Street | | City | State | | Zip |
| Policy Number: | | | Expira | tion Date: | | - |
| | | | | | | |
| Payment Information Check #: | on (Check) | | If payment is by VISA or MasterCard, complete and attach Credit Card Authorization form. | | | |

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, evoked, 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 aga | ainst this company? | ☐ Yes | □ No |
| C) | Has this company ever been issued a Cease and Desist Order for practice? | or unauthorized/unlicensed | □ Yes | □ No |
| D) | Has this company ever been convicted in a court of competent other state, district, or territory of the United States, or of a for of forgery, embezzlement, obtaining money under false preter conspiracy to defraud or other like offense? | reign country of the offense | □ Yes | □ No |
| ΑF | FIDAVIT | | | |
| h: st a _l | the best of my knowledge and belief. Further, I have carefully read ave answered them completely, without reservations of any kin atements made by me herein are true and correct. I am author oplicant and should I furnish any false or incomplete informationall constitute the cause for denial, suspension or revocation of | d, and I declare under penalti ized to complete this applicati n in this application, I hereby a | es of perjury on on behalf | that all the |
| Si | gnature | Title | Date | |
| S۱ | | | Date | e |
| Notary Signature: | | <u>_</u> . | J ac | e |
| N | VORN before me this day of, 20 otary Signature: | | | e |
| | | | | e |
| P | otary Signature: | Notary Se | | e |



Fax: 803-896-9651

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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

Billing Address

Company Name

Telephone No: ______ Fax No: ______

Print name as it appears on credit card

Type of card: MasterCard VISA Expiration Date: ______

Credit Card Number Authorized Signature

(FORM IS NOT VALID WITHOUT AUTHORIZED SIGNATURE)

| Description | Fee Amount | | |
|-------------|------------|--|--|
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