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

2020-2022 LP GAS UTILITY PLANT RENEWAL APPLICATION

Submit the following with your renewal application to the above address:

- Check or Money Order only, in the amount of $500, made payable to SC LP Gas Board. Application fee is non-refundable. NO CASH IS ACCEPTED. A returned check fee of up to $30, or an amount specified by law, may be assessed on all returned funds. Secure credit card payments are available via request to contact.lpgas@llr.sc.gov.
- Copy of your current Certificate of Insurance (per S.C. Code of Laws 40-82-250).

❖ **Renewals must be postmarked by September 30, 2020. Renewals postmarked October 1, 2020 – November 30, 2020, will be subject to a $100 late fee. Failure to renew by November 30, 2020, will result in cancellation of your license.**

BUSINESS INFORMATION

Business Name:_____ License Number:_____

Federal Tax ID Number: _____County: _____

Business Address: _____
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

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 Number:_____Expiration Date:_____

AFFIDAVIT

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

_____ _____
Print name Signature

_____ _____
Title Date

Payment Information (Check)
Check #: _____