



2020-2022 LP GAS RESELLER RENEWAL APPLICATION

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

- 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. 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.**

❖ **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.**

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

DEALER INFORMATION

Dealer: _____ Dealer License Number: _____

Business Address: _____
 Street City State Zip

LICENSURE FEE INFORMATION	QUANTITY	TOTAL
Biennial Licensure Fee	1	\$150.00
Late Renewal Fee (\$100): October 1, 2020 – November 30, 2020		
Employee Fee (\$50 Per Employee/ Per Permit)		
TOTAL		

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

Payment Information (Check) Check #: _____
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EMPLOYEES

Please list each permitted employee at this location (attach additional sheets if needed).

*****EMPLOYEES MUST COMPLETE A SEPARATE RENEWAL APPLICATION*****

Name	Permit Number	Renewal Fee Included for this individual?

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: _____

TRAINING

In accordance with the requirements of NFPA 58 4.4.2, have persons at this location whose primary duties include transferring LP Gas into or out of stationary containers completed training that includes all of the following components? Yes No

- (1) Safe work practices
- (2) The health and safety hazards of LP-Gas
- (3) Emergency response procedures
- (4) Supervised, on-the-job training
- (5) An assessment of the person’s ability to perform the job duties assigned

**Please do not attach training documentation, this may be requested at a later date as part of a board audit.*

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