



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

### 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

### 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: \_\_\_\_\_

**Payment Information (Check)**  
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, 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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**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