



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 TRANSPORTER

Include with application

- Include a check or money order in the amount of \$500 payable to LP Gas Board. **CASH IS NOT ACCEPTED**
If you would like to pay by credit card, please indicate below and enter an email address for the Board to send an invoice.
(All fees are non-refundable. A returned check fee of up to \$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).

Payment Type:

Enclosed Check or Money Order

Send invoice to (Email address is required): _____

You will receive an email confirmation that the payment has been processed. Your application will not be processed until payment is received.

BUSINESS INFORMATION

Business Name: _____ Federal Tax ID Number: _____

Business Address: _____ County: _____
Street/PO Box City State Zip

Phone Number: _____ Email (Required): _____

Mailing Address: _____
(If different than above) Street/PO Box City State Zip

Corporate Office Address: _____
(If different than above) Street/PO Box 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: _____

BACKGROUND INFORMATION

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

- 1. 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
- 2. Is any investigation or disciplinary action currently pending against this company? YES NO
- 3. Has this company ever been issued a Cease and Desist Order for unauthorized /unlicensed practice? YES NO
- 4. 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

ATTESTATION

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.

Applicant Signature

Date

Print Name

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

Notary Signature: _____

Print Name: _____

SEAL

Notary Public for: _____

My Commission Expires: _____