



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 RESELLER

Include with application:

- Application fee in the form of a check, money order, or credit authorization form only, in the amount of \$150 made payable to LP Gas Board.
(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)
- Copy of Fire Safety Analysis from the Office of State Fire Marshal (if applicable)
- Listing of principals or employees who have passed examinations required under S.C. Code of Laws 40-82-220

Employees must also complete a separate application available on the Board's website:

<http://www.llr.sc.gov/lp/pub.aspx>

BUSINESS INFORMATION

Business Name: _____ Federal Tax ID No.: _____

Business Address: _____ County: _____
Street City State Zip

Phone No.: _____ Email: _____

Mailing Address: _____
(If different from above) Street City State Zip

Corporate Office Address: _____
(If different from above) Street City State Zip

DEALER INFORMATION

This section must be completed by the Dealer or Dealer's Representative.

Dealer: _____ Dealer License No.: _____

Dealer Phone No.: _____

Is this Reseller location ready for inspection? ☐ Yes ☐ No

If No, what is the anticipated date of completion? _____

(You must notify the Board when you're ready for inspection.)

Total storage amount (gal.) at this location: _____

Person completing this section: (Print name) _____ Title: _____

Dealer Signature: _____ Date: _____

PAYMENT INFORMATION (Check)

Check No.: _____

If payment is by VISA or MasterCard, complete and attach Credit Card Authorization form.

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 No.: _____ Expiration Date: _____

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.

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

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 and subscribed before me this ____ day of _____, 20____.

Notary Signature: _____

Print Notary Name: _____ (SEAL)

Notary Public for the State of: _____

Commission Expiration Date: _____



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LP GAS PERMIT HOLDERS

List **ALL** principles or employees who have passed the required examinations or have a pending application with the Board – use additional sheets if needed.

The Board may only issue licenses when provided with satisfactory evidence of principals or employees who have passed the required examinations per S.C. Code of Laws 40-82-220. If employment status changes for the below individuals, please notify the Board within ten (10) business days.

Employee permit applications are located on the Board's website under "Applications and Forms."
<http://www.llr.sc.gov/lp/pub.aspx>

Name: _____
Street Address: _____
City/State/Zip: _____
Phone No.: _____
Email: _____
Permit No.: _____

Name: _____
Street Address: _____
City/State/Zip: _____
Phone No.: _____
Email: _____
Permit No.: _____

Name: _____
Street Address: _____
City/State/Zip: _____
Phone No.: _____
Email: _____
Permit No.: _____

Name: _____
Street Address: _____
City/State/Zip: _____
Phone No.: _____
Email: _____
Permit No.: _____

Name: _____
Street Address: _____
City/State/Zip: _____
Phone No.: _____
Email: _____
Permit No.: _____

Name: _____
Street Address: _____
City/State/Zip: _____
Phone No.: _____
Email: _____
Permit No.: _____

Name: _____
Street Address: _____
City/State/Zip: _____
Phone No.: _____
Email: _____
Permit No.: _____

Name: _____
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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 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