



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 CYLINDER EXCHANGE FACILITY

### Include with application

- Include a check or money order in the amount specified in the table to the right made 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.)

Biennial Licensure Fees	
Number of Racks	Fee Amount
1-25	\$200
26-100	\$400
101-499	\$600
500-999	\$800
1000 or more	\$1,000

- Copy of your current Certificate of Insurance (per S.C. Code of Laws 40-82-250).
- List of serviced cylinder exchange racks
- Completed LP Gas Permit Holders Form (Attached) (per 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>

### 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

1. Does this Cylinder Exchange Facility have the equipment needed for safe operations? YES NO

### SERVICED CYLINDER EXCHANGE RACKS

Please provide a list of all cylinder exchange racks serviced by this facility. You may attach your own form or complete the Serviced Cylinder Exchange Racks Form provided for your convenience.

**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: \_\_\_\_\_



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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.: \_\_\_\_\_  
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 City/State/Zip: \_\_\_\_\_  
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 Email: \_\_\_\_\_  
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## SERVICED CYLINDER EXCHANGE RACKS

Please list all cylinder exchange racks serviced by this facility. If necessary, additional sheets may be downloaded from <http://www.llr.sc.gov/lp/pub.aspx> or you may make copies if necessary. This form is provided as a courtesy, you may email a self-generated excel or pdf form to [contact.lpgas@llr.sc.gov](mailto:contact.lpgas@llr.sc.gov).

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_