



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

LP GAS RESELLER APPLICATION

Include with application

- Include a check or money order in the amount of \$150 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).
- Copy of Fire Safety Analysis (FSA) from the Office of State Fire Marshal (if applicable).
- Copy of written agreement between dealers sharing storage capacities (if applicable).
- 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

DEALER INFORMATION

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

Dealer: _____ Dealer License No.: _____

Dealer Phone No.: _____ Dealer Email: _____

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: _____

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 Applicant 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.: _____

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 Email: _____
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Name: _____
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 Phone No.: _____
 Email: _____
 Permit No.: _____