



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**LP GAS CATEGORY II
DISPENSER LICENSE APPLICATION**

Chapter 527, Florida Statutes
Rule 5J-20.004, Florida Administrative Code

WILTON SIMPSON
COMMISSIONER

Make Check or Money Order
payable to FDACS and remit with
form to:

FDACS
P.O. Box 6700
Tallahassee, Florida 32314-6700

Select one: ___ 1 year license (\$400) ___ 2 year license (\$800) ___ 3 year license (\$1,200)

TO APPLY: Fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, to the Bureau of Compliance [(850) 921-1600] at the address in the upper right-hand corner.

Business Name or DBA <i>(Name to be printed on license):</i>	Company Name or Corporation:
Physical Address <i>(Address of business to be licensed):</i>	Company Mailing Address:
City, State, Zip, County:	City, State, Zip, County:
Telephone: ()	Email Address:
Supplier Company Name and Address: Name: Address:	Gas Supplier License #:
	Gas Supplier Phone #:
Authorized Gas Supplier Representative: Name:	Gas Supplier Email Address:
	Authorized Gas Supplier Representative Signature

PROOF OF INSURANCE OR BOND MUST BE ENCLOSED WITH YOUR APPLICATION AND FEE. Pursuant to Section 527.04, F.S., minimum insurance of \$1,000,000 bodily injury liability and property damage liability covering the products and operations of the business is required. A \$1,000,000 surety bond may be submitted in lieu of the required proof of insurance.

F&A Use Only

Org Code: 42 10 06 25 000
EO: A2
Object Code: 002102

QUALIFIERS: List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary. A separate qualifier is required for every 10 employees.

Indicate number of employees at this location _____

NAME	CERTIFICATE NUMBER
1.	
2.	
3.	
4.	

Has the owner/applicant been convicted or pled nolo contendere to a felony as defined in Rule 5J-20.005, F.A.C., within the last five years? If yes, please explain.

NO YES _____

PRINT NAME OF OWNER/APPLICANT:

SIGNATURE OF OWNER/APPLICANT:

NAME OF PERSON PREPARING APPLICATION:

PREPARER'S PHONE NO:

PREPARER'S EMAIL ADDRESS:

DATE OF APPLICATION:

PREPARER'S TITLE OR OFFICE HELD: