



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

NICOLE "NIKKI" FRIED  
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.

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

**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: