WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

LP GAS CATEGORY I
DEALER LICENSE APPLICATION

Chapter 527, Florida Statutes
Rule 5J-20.004, Florida Administrative Code
cscompliance@FDACS.gov

Submit Online at
www.FDACS.gov

or

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 at the address in the upper right-hand corner**.** Active duty military, honorably discharged veterans, military spouses or surviving spouses may be eligible for a waiver of the registration fee. See section 527.02(4)(b), (c), F.S., and rule 5J-20.004, Florida Administrative Code, for eligibility requirements.

Legal Name of Business:	**Business Name or DBA** ***(Name to be printed on license):***
Mailing Address:	**Physical Address** ***(Address of business to be licensed):***
City, State, Zip, County:	**City, State, Zip, County:**
Email Address (required)*:*	**Phone:** **( )**
Website:	**Federal Employer ID Number (FEIN):**

Business Type: ☐ **Corporation** ☐ **LLC** ☐ **Sole Proprietorship** ☐ **Other**

List the name(s) and address(s) of any remote bulk storage location(s) associated with this license.

Note: Only two remote bulk storage locations are allowed per licensed location and must be located within 75 miles of the licensed location. [s. 527.02(4)(d), F.S.] *"Remote bulk storage" means the location of liquefied petroleum gas stored for the sole purpose of filling delivery vehicles used in delivery to an end user.* [s. 527.01(20), F.S.]

List locations:	**List Qualifier Name and Certificate #:**

Has there been a change of ownership? ☐ Yes ☐ No

F&A Use Only

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

By signing below, I certify that I meet the minimum storage requirement in Section 527.11, F.S.

Signature of Owner/Manager _____ Date _____

QUALIFIERS: Must function in a position with authority to monitor and enforce safety provisions under Chapter 527, Florida Statutes at the licensed location. 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 performing liquefied petroleum gas activities. [s. 527.0201(2)(b), (4), F.S.]

Indicate number of employees performing liquefied petroleum gas activities at the listed locations: _____

NAME	CERTIFICATE NUMBER	Date of Expiration
1.		
2.		
3.		

MASTER QUALIFIER: Must function as the owner, manager, or person primarily responsible for overseeing the operations of the location to be licensed. **Note: A person may not act as a Master Qualifier for more than one license. [s. 527.0201(5), F.S.]**

I HAVE READ THE ABOVE STATEMENT AND VERIFY THAT I MEET THE ABOVE MASTER QUALIFIER CONDITIONS.

Signature of Master Qualifier_____

Master Qualifier Name:	Certificate Number:	Date of expiration:

All bulk delivery vehicles must be registered with the department at time of application for licensure or when placed into service. Please list below truck tag number, tank serial number and tank manufacturer of all bulk delivery vehicles owned or leased. Please EXCLUDE any previously registered vehicles. Attach additional sheets (if necessary).

Truck Tag Number	Tank Serial Number	Truck Manufacturer

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. **Note: The certificate holder must be listed as FDACS.**

PROOF OF INSURANCE OR BOND MUST BE ENCLOSED WITH YOUR APPLICATION AND FEE.

Has the owner/applicant been convicted of or pled guilty or nolo contendere to a felony as defined in Rule 5J-20.005, F.A.C.? 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:**