



**WILTON SIMPSON
COMMISSIONER**

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
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:	Has there been a change of ownership? ☐ Yes ☐ No
Business Type: ☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Other	
Federal Employer ID Number (FEIN):	
Gas Supplier Company Name and Address: Name: Address:	Gas Supplier License #:
	Gas Supplier Phone #:
Gas Supplier Representative: Name:	Gas Supplier Email Address:
	Authorized Gas Supplier Representative Signature

F&A Use Only

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

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.		
4.		

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

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

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: