



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**CATEGORY III LP GAS CYLINDER EXCHANGE
OPERATOR (0404)
LICENSE RENEWAL APPLICATION**

Section 527.02, Section 527.03, Florida Statutes
Rule 5J-20.004, Florida Administrative Code

Remit Payment Online at:
www.fl-ag-online.com

- or -

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

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

MAILING ADDRESS:

LOCATION ADDRESS OF LICENSEE:

NOTE ADDRESS CHANGES BELOW:

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License Number:

Renewal Application Fee Due: \$65

Renewal Fee Due After March 31st: \$100

License Type/Class: 0404-CATEGORY III LP GAS CYLINDER EXCHANGE OPERATOR

FEDERAL EMPLOYER'S TAX IDENTIFICATION NUMBER: _____

PRINT NAME OF OWNER AT THIS LOCATION: _____

PRINT NAME OF MANAGER IF DIFFERENT: _____

PHONE NUMBER: (____)____-____ FAX NUMBER: (____)____-____
(NOTE ANY CHANGES)

PRINT NAME OF PERSON COMPLETING THIS FORM: _____

TITLE OR OFFICE HELD: _____

HAS THERE BEEN A CHANGE OF OWNERSHIP AT THIS LOCATION DURING PREVIOUS 12 MONTHS? YES _____ NO _____

IMPORTANT: This form must be completed and all information provided. Failure to provide information may result in delayed or denied renewal. Make sure insurance documentation is enclosed. **(Note: Proof of renewed insurance coverage must be submitted if your current policy will expire while this application is pending.)** Pursuant to Section 837.05, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Chapter 775, Florida Statutes.

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE OF APPLICATION

FOR DIVISION USE ONLY:

DATE REVIEWED & RENEWED: _____

MAILED BY: _____

Questions should be directed to:
LP Gas Program (850) 921-1600

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