



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**LP GAS CATEGORY I
DEALER LICENSE APPLICATION**

NICOLE "NIKKI" FRIED
COMMISSIONER

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

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

FDACS
P.O. Box 6700 Tallahassee, FL
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
(Name to be printed on license):

Company Name or Corporation:

Physical Address (Address of business to be licensed):

Company Mailing Address:

City, State, Zip, County:

City, State, Zip, County:

Telephone:

Email Address:

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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.

MINIMUM STORAGE: By signing below, I certify that I meet the minimum storage requirement per Section 527.11, F.S.

Signature of Owner/Manager _____ Date _____

Signature of Wholesaler/Agent _____ Date _____ (If applicable)

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.	

MASTER QUALIFIER: Must function as the owner, manager, or person primarily responsible for overseeing the operations of the location to be licensed.

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:
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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

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: