

Florida Department of Agriculture and Consumer Services Division of Consumer Services

LP GAS CATEGORY IV DEALER IN APPLIANCES AND EQUIPMENT LICENSE APPLICATION

Chapter 527, Florida Statutes Rule 5J-20.004, Florida Administrative Code 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 (\$65) 2 ye	ear license (\$130)	3 year license (\$195)
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 C	orporation:
Physical Address (Address of Business to be licensed):	Company Mailing Ad	dress (if different):
City, State, Zip, County:	City, State, Zip, Cour	nty:
Telephone:	Email Address:	
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.		
PRINT NAME OF OWNER/APPLICANT: NAME OF PERSON PREPARING APPLICATION:		
PRINT NAME OF OWNER/AFFLICANT.	AWE OF PERSON FREE	FARING AFFLICATION.
	REPARER'S PHONE O:	PREPARER'S EMAIL ADDRESS:
DATE OF APPLICATION: P	PREPARER'S TITLE OR OFFICE HELD:	
F&A Use Only	EC	g Code: 42 10 06 25 000): A2 ojject Code: 002102