



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**CATEGORY II LIQUEFIED PETROLEUM GAS
DISPENSER (0604) LICENSE APPLICATION**

Sections 527.01, 527.02 and 527.04, 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

License Application Fee: \$525.00 Application Fee After March 1st and Before September 1st: \$262.50

INSTRUCTIONS

SCOPE OF LICENSE: This license is required for any person, firm or corporation operating a liquefied petroleum gas dispensing unit for serving liquid product to the ultimate consumer; includes sales of appliances and equipment, pursuant to Chapter 527, F.S.

TO APPLY for the Category II Liquefied Petroleum Gas Dispenser (0604) license, fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, to the LP Gas Program at the address in the upper right-hand corner. **ALL LICENSES EXPIRE AUGUST 31ST EACH YEAR REGARDLESS OF DATE OF ISSUE.**

PROOF OF INSURANCE 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. FDACS-03521, (02/14), Liquefied Petroleum Gas Insurance Affidavit (For All Licenses Except Category III Cylinder Exchange Operators), may be utilized to document proof of insurance; however, insurance company forms will also be accepted. A \$1,000,000, surety bond may be submitted in lieu of the required proof of insurance.

BUSINESS NAME (NAME TO BE PRINTED ON LICENSE):

Physical Address of Business (Address of location to be licensed):

City	County	State	Zip Code
------	--------	-------	----------

Telephone: Area Code ()	Fax: Area Code ()	Email Address (if any):
--------------------------------	--------------------------	-------------------------

COMPANY NAME (OWNER OF BUSINESS TO BE LICENSED):

Company Mailing Address:

City	County	State	Zip Code
------	--------	-------	----------

Telephone: Area Code ()	Fax: Area Code ()	Email Address (if any):
--------------------------------	--------------------------	-------------------------

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

Org. Code: 42 10 11 01 000 EO: A2 Object Code: 002102

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:

THIS COMPANY IS A (circle one): Partnership Corporation Proprietorship Individual

IF A CORPORATION, INDICATE STATE OF INCORPORATION AND CHARTER NUMBER:

IF A CORPORATION, INDICATE NAME OF LEGAL REPRESENTATIVE OF RECORD:

IF A CORPORATION, LIST ALL CORPORATE OFFICERS (May attach separate list if needed):

1.

2.

3.

4.

QUALIFIERS: If your qualifier(s) will require the transfer of his/her qualifications from a previous company, a letter of transfer signed by that person must accompany this application. If you do not have a qualifier, but are scheduling an examination, complete the attached "Examination Scheduling Request" (FDACS-03504 Rev. 04/14) and return it along with this application (include the \$20.00 examination fee). List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary.

NAME

EXAM CERTIFICATE NUMBER

1

2

3

4

PROOF OF INSURANCE: HAVE YOU INCLUDED PROOF OF MINIMUM INSURANCE AS INDICATED IN THE INSTRUCTIONS SECTION ON PAGE 1 OF THIS APPLICATION? NOTE: A \$1,000,000, surety bond may be submitted in lieu of the required proof of insurance. Ref. s. 527.04, F.S.

PRINT NAME OF OWNER OR MANAGER:

SIGNATURE OF OWNER OR MANAGER:

TITLE OR OFFICE HELD:

DATE OF APPLICATION:

FOR DIVISION USE ONLY

REVIEWED BY: _____

DATE APPLICATION COMPLETE & LICENSE ISSUED: _____

REVIEWED BY: _____

SITE PLANS & INSPECTION: _____

DATE LICENSE MAILED: _____