



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**LP GAS CATEGORY I  
DEALER LICENSE APPLICATION**

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

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

**WILTON SIMPSON  
COMMISSIONER**

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

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: