



**Environmental and Public Protection Cabinet  
Office of Housing, Buildings and Construction  
Hazardous Materials Section  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405  
Telephone: (502) 573-1702 Fax: (502) 573-1695**

**LICENSE APPLICATION TO ENGAGE IN THE LIQUEFIED PETROLEUM (LP) GAS BUSINESS**

The undersigned hereby applies for a license to engage in the liquefied petroleum gas and/or liquefied petroleum gas equipment business within the Commonwealth of Kentucky in accordance with KRS 234.120.

New LP Gas Dealer  New Owner (Previous License Number \_\_\_\_\_)

**Type of LP Gas License Applying For:**

- Class "A" license - \$200.00 (expire even numbered years)  Class "B" license - \$100.00 (expire even numbered years)  
 Class "C" license - \$100.00 (expire even numbered years)  Class "D" license - \$50.00 (expire in odd numbered years)  
 Class "E" license - \$50.00 (expire in odd numbered years)

1. Location Name (d.b.a.): \_\_\_\_\_

If the name has changed, what was it previously name: \_\_\_\_\_

Location Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Telephone #: \_\_\_\_\_ Location Fax #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

The above location is owned by a sole proprietorship or partnership. Birth month of an owner is:  
\_\_\_\_\_

The above location is registered with the Kentucky Secretary of State as a Kentucky Corporation or Limited Liability Company (LLC). Month of registration with the Kentucky Secretary of State: \_\_\_\_\_

2. Owner of Business: \_\_\_\_\_

If change of ownership, what was previous owner's name: \_\_\_\_\_

Business Owner's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Owner's Telephone #: \_\_\_\_\_ Business Owner's Fax #: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_



3. **This only applies to license type “A” “B” “C” & “D”**

Name of LP Gas Supplier/Distributor : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier Telephone #: \_\_\_\_\_ Supplier Fax #: \_\_\_\_\_

4. **This only applies to license type “A”.** Does this location have a satellite:  Yes  No  
Explanation: Facilities used for the **storage only** of liquefied petroleum gas for resale within a radius of twenty (20) miles of an office or place of business shall be considered a part of the office or place of business and shall not require a separate license.

Address of Satellite Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **This only applies to license type “A” “B” & “C”.**

Gallon Size of tanks/vessels: \_\_\_\_\_ Number of Tanks: \_\_\_\_\_

Number of Bobtails: \_\_\_\_\_ Number of Transports: \_\_\_\_\_

Do you sell LP Gas regulating equipment (example: valves, regulators, piping, etc)?  Yes  No

6. A “*Certificate of Insurance*” from an Authorized Insurance Carrier must be received before a license can be issued or renewed. The Certificate Holder *shall be* listed as: Office of Housing, Buildings & Construction; Hazardous Materials Section, 101 Sea Hero Road, Suite 100, Frankfort Kentucky 40601-5405. **NOTE: Insurance Declarations or Binders are not accepted.**

Minimum insurance coverage:

Class “A” - \$1,000,000 ; Class “B” - \$500,000 ; Class “C” - \$500,000 ;  
Class “D” - \$100,000 & Class “E” - \$500,000

Name of Insurance Agent: \_\_\_\_\_

Street Address of Insurance Agent: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**All information on this LP Gas license application is accurate and true to my knowledge.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

All required information: application, Certificate of Insurance, and check/money order payable to the Kentucky State Treasurer must be received before a license can be issued. Mail all of the required information to:

Office of Housing, Building and Construction  
Attn: Hazardous Materials Section  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405