

Environmental and Public Protection Cabinet Office of Housing, Buildings and Construction Hazardous Materials Section 500 Mero Street, First Floor Frankfort, Kentucky 40601-1987

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.

1. 1									
	New LP Gas Dealer	New Owner (Prev	ious License Number	r)					
☐ Cla	ass "A " license - \$200.00 (expire events "C" license - \$100.00 (expire events "C")	oe of LP Gas License n numbered years)	lass "B" license - \$100. lass "D" license - \$50.0	0 (expire in odd numbe	ered 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 registere or Limited Liability Company State:	-	•	2 1					
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 #:	Bu	siness Owner's Fax #:						
	Name of Contact Person:								

Name of LP Gas Supplier/Distributor: Address: City:	3.	This <u>only</u> applies to license type "A" "B" "C" & "D"									
City: Supplier Telephone #: Supplier Fax #:		Name of LP Gas Supplier/Distributor :									
Supplier Telephone #: Supplier Fax #:		Address:									
4. This only applies to license type "A". Does this location have a satellite: \[\text{ yes } \] No \[\text{ Explanation:} \] Facilities used for the storage only of liquefied petroleum gas for resale within a radius 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:		State:	Zip:						
Explanation: Facilities used for the storage only of liquefied petroleum gas for resale within a radius 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 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 of be issued or renewed. The Certificate Holder shall be listed as: Office of Housing, Buildings Construction; Hazardous Materials Section, 500 Mero Street, First Floor Frankfort Kentuc 40601-1987. 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 "C" -\$500,000; Class "D" - \$100,000 & Class "B" - \$500,000; Class "C" -\$500,000; Clas		Supplier Telephone #	: Sup	plier Fax #:							
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 of be issued or renewed. The Certificate Holder shall be listed as: Office of Housing, Buildings Construction; Hazardous Materials Section, 500 Mero Street, First Floor Frankfort Kentuce 40601-1987. 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: State: Zip: Telephone #: Fax #: State: Zip: Fax #: Name of Contact Person: Expiration Date: All information on this LP Gas license application is accurate and true to my knowledge.	4.	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									
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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: State: Telephone #: Name of Contact Person: Expiration Date: All information on this LP Gas license application is accurate and true to my knowledge.		Gallon Size of tanks\\ Number of Bobtails: Do you sell LP Gas re A "Certificate of Insuran be issued or renewed. Construction; Hazardou	ressels:egulating equipment (example of the control of the c	Number of T Number of T ample: valves, red d Insurance Car r <u>shall be</u> liste 500 Mero S	ransports:egulators, piping rier must be reced as: Office extreet, First Fl	, etc)? Yes eived before a of Housing, I	license can Buildings &				
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All information on this LP Gas license application is accurate and true to my knowledge.		Telephone #:		Fax #:							
		Name of Contact Pers	on:		Expiration Da	ate:					
Date: Signature: Title:	All	information on this LP (Gas license application	is accurate and	true to my kno	wledge.					
	Da	te: Signat	ure:		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 500 Mero Street, First Floor Frankfort, Kentucky 40601-1987