



South Carolina Department of Labor, Licensing and Regulation
South Carolina Liquid Petroleum Gas Board
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 P.O. Box 11329 • Columbia • SC • 29211-1847
 Phone: 803-896-5571 • contact.lpgas@llr.sc.gov • Fax: 803-896-9651
 llr.sc.gov/lp

2024-2026 LP GAS CYLINDER EXCHANGE FACILITY RENEWAL APPLICATION

Renewal Requirements/Instructions:

- Biennial licensure fee in the form of a check or money order only, made payable to SC LP Gas Board. Application fee is non-refundable. NO CASH IS ACCEPTED. A returned check fee of \$30, or an amount specified by law, may be assessed on all returned funds.
- License must be renewed/postmarked on or before June 30, 2024.
- Copy of your current Certificate of Insurance (per S.C. Code of Laws 40-82-250).
- List of all serviced cylinder exchange racks. This can be submitted directly to the Board via [Document Submission](#) or email at contact.lpgas@llr.sc.gov.

LICENSEE INFORMATION

Business Name: _____ License No.: _____

Physical Address: _____
 Street City State Zip

Phone No.: _____ Email: _____

Mailing Address: _____
 (If different from above) Street City State Zip

Corporate Office Address: _____
 (If different from above) Street City State Zip

LICENSURE FEE INFORMATION					TOTAL
Biennial Licensure Fee, if renewed/postmarked on or before June 30, 2024 . (Based on # of Racks) – Select one below					\$
<input type="checkbox"/> 1-25 (\$200)	<input type="checkbox"/> 26-100 (\$400)	<input type="checkbox"/> 101-499 (\$600)	<input type="checkbox"/> 500-999 (\$800)	<input type="checkbox"/> 1000 or more (\$1,000)	
A late fee of \$100 will be applied to renewals postmarked July 1, 2024 – August 31, 2024 .					\$
Employee Fee (\$50 Per Employee/ Per Permit)			QUANTITY		\$
			TOTAL		\$

Please include all necessary documentation with payment or renewal packet will be returned unprocessed.

INSURANCE

Certificate of Insurance verifying proof of \$500,000 general liability insurance, including manufacturer’s or contractor’s liability and product’s liability insurance (per S.C. Code of Laws 40-82-250) must be attached to this renewal application.

NOTE: The Insured shall notify the Board a minimum of 30 days prior to liability insurance being canceled, suspended or nonrenewable.

Name of Insurance Company: _____

Address: _____
Street City State Zip

Policy No.: _____ Expiration Date: _____

AFFIDAVIT

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Print name

Signature

Title

Date