

South Carolina Department of Labor, Licensing and Regulation

South Carolina Liquid Petroleum Gas Board

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2024-2026 LP GAS RESELLER 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).

***If you are also paying for employee permit renewals as well, you must include a complete renewal application for each employee. Failure to do so will result in your renewal packet being returned unprocessed.

LICENSURE FEE INFORMATION	QUANTITY	TOTAL
Biennial Licensure Fee	1	\$150.00
Employee Fee (\$50 Per Employee/ Per Permit)		
Late Fee (\$100 from July 1, 2024 – August 31, 2024)		
TOTAL		

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

BUSINESS INFORMATI	ION					
Name:			License No.:			
Physical Address:						
Street			City	State	Zip	
Phone No.:		Email:				
Mailing Address:						
Street			City	State	Zip	
Corporate Office Address:						
(If different from above)	Street		City	State	Zip	
DEALER INFORMATIO)N					
Dealer:		Dealer	License No.:			
Business Address:						
Stree			City	State	Zip	
PERMITTED EMPLOYI	EE(S)					
Please list each permitted e	employee at this lo					
EMPLOYEES MUST	COMPLETE A	SEPARATE RENEV	WAL APPLICA	ATION		
Name		Permit Number	Renewal Fee I	Included for this	individual?	

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:		
	of NFPA 58 4.4.2, have persons at this location who P Gas into or out of stationary containers completed ving components?		□ No
 (1) Safe work practices (2) The health and safety haze (3) Emergency response proc (4) Supervised, on-the-job tra (5) An assessment of the pers 	eedures		
*Please do not attach training docum	nentation, this may be requested at a later date as pa	ert of a board au	dit.
accurately, and completely. I hereby	ad all questions on this renewal application and hacknowledge that failure to answer these questions the initiation of disciplinary action against my South	truthfully, accura	ately and
Print Name	Signature		
Title	Date		

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.