

Application for LPG Marketer's License

(Please Print or Type in Black Ink)

No individual may engage in the business of LP-Gas marketing until an appropriate license is issued. Thereafter, all licenses must be renewed triennially.

Applicant Information

(1) Applicant's Company Name _____

(Doing Business As): _____

(Doing Business As): _____

(2) Federal ID Number _____

Official State of New Jersey communications are to be mailed to:

(3) _____ (4) _____ (5) _____
(Name of contact person) (AC) (Phone) (AC) (Fax)

(6) _____ (7) _____
(Mailing address) (City)

(8) _____ (9) _____ (10) _____
(County) (State) (Zip Code)

Business Arrangement

Check Appropriate Box:

(11) **Applicant is:** Sole Proprietor Partnership Corporation Limited Liability Corporation

If the applicant is a corporation, or if it is a limited liability company (LLC), under what state law is it incorporated or registered (12) _____. If registered or incorporated in other than the State of New Jersey, is the corporation or LLC registered with the State Treasurer to do business in the State of NJ? (13) Yes / No

(14) List the owner of sole proprietorship, partners in a partnership, officers of a corporation or LLC:

Name	Title	Mailing Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(15) Has the business or any of its officers, directors, proprietors, or partners been subject to any order or violation by any government entity with regard to this business or any other LP-Gas business in the last ten years? Yes / No If yes, describe:

(16) Have any of the aforementioned parties been convicted of any crime or any offense in connection with this business or any other LP-Gas business within the last 10 years? Yes / No If yes, describe:

Locations and Operations

(17) List all locations with the type of activity and number and size of storage tank(s). Copy and attach additional pages if necessary.

Location:	Description of operation:	Tank Size (gallons)	Serial or National Board No.
Name of Facility: Street Address: City: State: Zip:			
Name of Facility: Street Address: City: State: Zip:			
Name of Facility: Street Address: City: State: Zip:			
Name of Facility: Street Address: City: State: Zip:			
Name of Facility: Street Address: City: State: Zip:			
Name of Facility: Street Address: City: State: Zip:			

¹ If there is no storage at the location, applicant must indicate where LP-Gas is stored and/or obtained from in the space provided below:

Insurance

(18) Name of Insurer: _____

(19) Home office address: _____
Street Address City

_____ State Zip

_____ Phone Fax

(20) Policy Number: _____

(21) Amount of insurance: _____
Per Occurrence (\$5 million min.) Total Coverage

(22) Policy Expiration date: _____

(23) Attach Certificate of Insurance:

Emergency contact Information

(24) Primary Contact

Name: _____

Title: _____

Phone number (1) _____

Phone number (2) _____

Fax number (1) _____

(25) Alternate contact

Name: _____

Title: _____

Phone number (1) _____

Phone number (2) _____

Fax number (1) _____

(27) I declare that I am authorized to make the representations set out above on behalf of the Company named in this application, and have the authority to bind the Company; that this form was prepared by me or under my supervision and direction; and that the statements are true, correct and complete, to the best of my knowledge.

Printed Name of Company Representative	Signature of Company Representative	Date
AC Phone	AC Fax	

Return to:

New Jersey Department of Community Affairs
Division of Codes and Standards / LP-Gas Unit
PO Box 821
Trenton, NJ 08625 - 0821

Phone: 609 633-6835 Fax: 609 943-5159

Applications must be accompanied by an application fee of \$100.00. Checks are to be made payable to Treasurer, State of New Jersey.

For use by the Office of the Director:

License Approved: Yes No License No.: _____ Date: _____

LP-Gas System Registration Numbers: _____

Comments:

Form L1, rev 12/19