# 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) (4)  | (5) (Phone) (Email Address) |
| (6)(Mailing address)   | (7) (City)                  |
| (8) (9) (Sta   | (10)<br>te) (Zip Code)      |
| Business Arrangement   |                             |
| Check Drop-down <sub>Box:</sub><br>(11) <b>Applicant is:</b> 1   |                             |
| If the applicant is a corporation, or if it is a limited liability cor<br>registered (12) If registered or ir<br>the corporation or LLC registered with the State Treasurer to |                             |

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

| Name | Title | Mailing Address | City | State | Zip |
|------|-------|-----------------|------|-------|-----|
|      |       |                 |      |       |     |

(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? 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? 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: | <b>Tank Size</b><br>(gallons) | Serial or National<br>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:              |                           |                               |                                 |
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| Name of Facility: |                           |                               |                                 |
| Street Address:   |                           |                               |                                 |
| City:             |                           |                               |                                 |
| State:            |                           |                               |                                 |
| Zip:              |                           |                               |                                 |
|                   |                           |                               |                                 |
| Name of Facility: |                           |                               |                                 |
| Street Address:   |                           |                               |                                 |
| City:             |                           |                               |                                 |
| State:            |                           |                               |                                 |
| Zip:              |                           |                               |                                 |
|                   |                           |                               |                                 |
| Name of Facility: |                           |                               |                                 |
| Street Address:   |                           |                               |                                 |
| City:             |                           |                               |                                 |
| State:            |                           |                               |                                 |
| Zip:              |                           |                               |                                 |
|                   |                           |                               |                                 |

<sup>1</sup> 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        |                |      |
|   | Street Address        |                | City |
| State                                       | Zip                   |                |      |
| Phone                                       |                       | Fax            |      |
| (20) Policy Number:                         |                       |                |      |
| (21) Amount of insurance:<br>Per Occurrence | ce (\$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)                            |                       |                |      |
| Email                                       |                       |                |      |
| (25) Alternate contact                      |                       |                |      |
| Name:                                       | -                     |                |      |
| Title:                                      |                       |                |      |
| Phone number (1)                            |                       |                |      |

Phone number (2) \_\_\_\_\_

Email \_\_\_\_\_

# Employees

(26) All employees involved in the handling of LP-Gas must be listed below with their title or position with the company, the location at which they work and the CETP certifications that they hold. As of 2017, CETP certificates are required for licensure. Provide an actual copy of each employee's certification to correspond with and accompany this page. (Alternate forms, which contain the same information, may be submitted in lieu of filling out the table below or this page may be copied and attached for additional employees.)

| Employment Location | Employee Name | Title/Position | CETP Certification |
|---------------------|---------------|----------------|--------------------|
|                     |               |                |                    |
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(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                 | Signature of Company Representative |    |     |  |
|--|--------|---------------------------|-------------------------------------|----|-----|--|
|  | AC     | Phone                     |                                     | AC | Fax |  |
| Return to                              | :      |                           |                                     |    |     |  |
| New Jerse                              | ev Dep | partment of Community Aff | airs                                |    |     |  |

New Jersey Department of Community Affairs Office of the Director / LP-Gas Safety Unit PO Box 821 Trenton, NJ 08625 - 0821 Phone: 609 984-4257

\*\*\*\* Applications are mail-in only and 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 9/23 |  |  |
|  |     |    |              |       |                   |  |  |