New Jersey Department of Community Affairs
Division of Codes and Standards / Office of the Director / LP-Gas Safety Unit
101 South Broad Street; P.O. Box 821
Trenton, NJ 08625-0821
Tel: 609-984-4257 Fax: 609-943-5159

## **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	e				
(Doing Business As):					
(Doing Business As):					
(2) Federal ID Number					
Official State of New Jersey co	mmunications are to	be mailed to:			
(3)(Name of contact person)	(4)	(Phone)	(5)	(Fax)	
(6)(Mailing address)					
(8)	(9)(State)	(10)	(Zip C	Code)	
Business Arrangement  Check Appropriate Box:					
(11) <b>Applicant is:</b> Sole Propried If the applicant is a corporation, or if it registered (12) corporation or LLC registered with the	is a limited liability compan If registered or incorp	y (LLC), under wha orated in other thar	t state law is it in the State of Ne	ncorporate	d or
(14) List the owner of sole proprie	etorship, partners in a p	artnership, officer	s of a corpora	tion or LL	C:
Name Title	Mailing Address		City	State	Zip
(15) Has the business or any of its violation by any government entity years? Yes / No If yes, described in the control of the	with regard to this busi	rietors, or partne ness or any other	rs been subjec · LP-Gas busir	ct to any oness in the	order or e last ten
(16) Have any of the aforemention this business or any other LP-Gas					

## **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.

	Description of	Tank Size	Serial or National
Location:	operation:	(gallons)	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:			

there is no storage at the ne space provided below:	/ !!	st indicate where LP-0	Gas is stored and/or ob	otained from

Insurance				
(18) Name of Insurer:				-
(19) Home office addre	ess:			
		Street Address		City
	State		Zip	
	Phone		Fax	
(20) Policy Number:		<del></del>		
(21) Amount of insura	nce: Per Occurrenc	ce (\$5 million min.)	Total 0	Coverage
(22) Policy Expiration	date:	· · · · · · · · · · · · · · · · · · ·		
(23) Attach Certificate	of Insurance:			
Emergency contact le	nformation			
(24) Primary Contact				
Name:		-		
Title:				
Phone number (1)				
Phone number (2)		· · · · · · · · · · · · · · · · · · ·		
Fax number (1)				
(25) Alternate contact				
Name:		_		
Title:				
Phone number (1)		<del></del>		
Phone number (2)	· · · · · · · · · · · · · · · · · · ·			

Fax number (1) \_\_\_\_\_

## **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 CTEP certifications that they hold. (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	CTEP Certification
Employment Education	Limployee Hame	Title/T Collien	OTEL COMMODITION

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 Office of the Director / LP-Gas Unit PO Box 821 Trenton, NJ 08625 - 0821 Phone: 609 984-4257 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 Date: \_\_ License No.: \_\_\_\_ LP-Gas System Registration Numbers: Comments: Form L1, rev 12/22

(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