

## 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) \_\_\_\_\_ (Name of contact person) (4) \_\_\_\_\_ (AC) \_\_\_\_\_ (Phone) (5) \_\_\_\_\_ (AC) \_\_\_\_\_ (Fax)

(6) \_\_\_\_\_ (Mailing address) (7) \_\_\_\_\_ (City)

(8) \_\_\_\_\_ (County) (9) \_\_\_\_\_ (State) (10) \_\_\_\_\_ (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:			

<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:

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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.**

<b>Printed Name of Company Representative</b>	<b>Signature of Company Representative</b>	<b>Date</b>
_____ AC      Phone	_____ AC      Fax	

Return to:

New Jersey Department of Community Affairs  
Bureau of Code Services / LP-Gas Unit  
PO Box 816  
Trenton, NJ 08625 - 0816

Phone: 609 633-6835      Fax: 609 633-1040

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 Bureau of Code Services:**

License Approved:    Yes    No                      License No.: \_\_\_\_\_                      Date: \_\_\_\_\_

LP-Gas System Registration Numbers: \_\_\_\_\_

Comments:

Form L1 6/07