

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) (Email Address)

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

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

Business Arrangement

Check Drop-down Box:

(11) **Applicant is:** ¹

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)

(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? 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:	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:

(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
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: