

STATE OF IDAHO  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, PO Box 83720  
Boise, Idaho 83720-0063  
Phone: (208) 334-3233 Fax: (208) 334-3945  
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**APPLICATION FOR LIQUEFIED PETROLEUM GAS (LPG) FACILITY LICENSE**

**INSTRUCTIONS**

The following application consists of this instruction page and two pages that require responses. Please read all questions carefully and complete the entire application by providing all requested information. Some questions may require additional documentation and your application cannot be processed or considered by the Board until the Bureau receives all required documentation. You are responsible to order documentation that must be received directly from third parties, and to instruct the third party to send the documents directly to the Board office. If you are unable to provide any required documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. Your signature must be notarized and the appropriate fees must be attached. Failure to provide a complete application, supporting documentation, and fees will result in a delay in your license.

**FACILITIES**

The facility location address you list on the application MUST be the physical location of the facility. If there is more than one person sharing ownership, you must attach a separate sheet containing the name and address of each principal, member, partner, shareholder, or any other person claiming an ownership interest in the facility for which licensure is being requested.

**The facility must meet the requirements of the Idaho laws and rules and the NFPA 58 code.**

The following items must be provided to the Board:

- Your Federal Tax I.D. number or other proof that you are lawfully entitled to do business in the U.S.;
- The identity and license number of the Idaho licensed dealer responsible for the operation of any facility with over 4000 gallons of capacity;
- A full diagram of the entire facility drawn to scale and identifying the propane storage and/or dispensing facility; including the following: all buildings property lines, facilities, equipment, other fuel or compressed gas tanks and/or dispensers, parking lots, fences, barriers, roads, railroad tracks, power lines, other structures and any other relevant features. The diagram must include measured distances in all directions from the propane tank to surrounding features;
- A photograph of the dispenser/storage tank in relation to the building
- A photograph of the barriers surrounding the dispenser/storage tank
- A close up photograph of the dispenser set-up and location of the emergency shut off valve
- A certificate issued by an insurance company authorized to do business in the state of Idaho as proof that the applicant has procured and has in effect a general liability policy in the sum of not less than one million dollars (\$1,000,000) single limit. **The name of the insured must match exactly the name on the application.**
- Such further information as may be requested by the board to ensure the safe operation of the facility, and its compliance with the requirements of Idaho laws and rules;

The person responsible for facility operation must maintain records documenting the storage, transportation, dispensation and utilization of LPG in accordance with laws and rules. In the event a licensed facility ceases to have a licensed dealer in its employ, all operation involving regulated practices shall cease and written notification shall immediately be submitted to the Board. In the event a licensed facility fails to have a licensed dealer in its employ within thirty (30) days of said notice, the facility license shall be suspended until a licensed dealer is employed.

Your original facility license will expire 12 months from the anniversary date of issue. A renewal notice will be sent to the mailing address approximately 6 weeks prior to the expiration date. Failure to notify the Bureau in writing of any change of name or address may result in you not receiving renewal forms or other correspondence. There is a \$20 fee for returned checks.

APPLICATION FEE	\$ 30.00
ORIGINAL FACILITY LICENSE FEE (less than 10,000 gallon capacity)	\$100.00
ORIGINAL BULK FACILITY LICENSE FEE (more than 10,000 gallon capacity)	\$400.00

**YOUR APPLICATION WILL BE CONSIDERED ONLY AFTER ALL REQUESTED INFORMATION HAS BEEN RECEIVED**

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**APPLICATION FOR LIQUEFIED PETROLEUM GAS (LPG) FACILITY LICENSE**

I hereby make application for licensure in Idaho under the provisions of Idaho Code Title 54, Chapter 53, for an LPG Facility License.

1. Full Legal Business Name \_\_\_\_\_
2. Choose ONE:  Sole Proprietorship  Partnership  Corporation  LLC  LLP Other: \_\_\_\_\_
3. Owner / Officer Name(s): \_\_\_\_\_

Provide below or, if additional space is needed, attach a complete list including the full name and address of each partner or member, and for any other owner of an interest in the applicant. *Please note: The name listed first will be the name listed on the license.*

Name	Street/PO Box	City	State	Zip

Name	Street/PO Box	City	State	Zip

Name	Street/PO Box	City	State	Zip

4. Facility Location Address \_\_\_\_\_  
 (The above address is a public record) Street City State Zip

5. Mailing Address \_\_\_\_\_  
 (Only a public record if no address of record provided above) Street/PO Box City State Zip

6. Federal Tax I.D. No. \_\_\_\_\_ Total capacity (in gallons) of the facility named: \_\_\_\_\_

7. Business phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 (The above phone number is a public record) (The above e-mail is not a public record)

8. Do you hold a general liability insurance policy, of not less than \$1,000,000 single limit?  Yes  No  
 You must attach the certificate and enter the name of the insurance provider company, the certificate number, and the policy effective date.

9. Have you or any other person referenced by this application ever held a license for an LPG facility in any jurisdiction (any city, county, state or federal entity)? (If Yes, list the jurisdictions & license numbers.)  Yes  No

10. Have you or any other person referenced by this application ever had an LPG license or registration revoked, suspended or otherwise sanctioned in any jurisdiction within the past 5 years?  Yes  No  
 (If Yes, a copy of the charges and final order must be received by the Board directly from each issuing authority.)

11. Has any liquefied petroleum gas establishment previously existed at this location?  Yes  No  
 If YES, give business name \_\_\_\_\_, facility license # \_\_\_\_\_,  
 and owner's name \_\_\_\_\_.

11a. Is that license out of business?  Yes  No  
 Rule 350.02. Facility Changes in Ownership or Location. a. Whenever a change of ownership or location of a facility occurs, an original application must be submitted, the fee must be paid and compliance with all rules concerning a new facility documented, before a new license will be issued. FACILITY LICENSES ARE NOT TRANSFERABLE. b. Deletion of an owner from multiple ownership does not constitute a change in ownership.(3-30-06) c. Addition of an owner to multiple ownership does constitute a change in ownership. d. Whenever any facility ceases operation at the licensed location, the owner(s) shall notify the Board in writing that the facility is out of business and the facility license shall be submitted to the Bureau. **A new facility license will not be issued for any location that is currently licensed as a facility at the time of application.**

12. Each facility with over 4,000 gallons capacity must employ at least 1 Idaho licensed dealer who is an Idaho resident & responsible for facility operation. Print licensed dealer name \_\_\_\_\_ license number \_\_\_\_\_

**AFFIDAVIT**

I hereby certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. I further certify that I am lawfully entitled to conduct business in the United States and that I have reviewed and will comply with the Idaho Laws and Rules governing LPG facilities. I understand that said facility may be inspected by the Board or its agents at any time without notice, and that failure to allow such inspections is grounds for discipline. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, record, statement, recommendation, or evidence that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau to release the information provided on this application about me that may otherwise be protected or confidential to other governmental agencies upon request. If signing as an authorized agent, I certify that I am authorized to sign this application on behalf of the licensee.

\_\_\_\_\_  
Print Facility's Owner/Officer or Authorized Agent Name

\_\_\_\_\_  
Signature of Facility's Owner/Officer or Authorized Agent

State of \_\_\_\_\_, County of \_\_\_\_\_, ss

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

(seal)

\_\_\_\_\_  
Notary Public Official Signature

My Commission Expires \_\_\_\_\_