

**Addendum 1**

# Renewal Information Form

Please select one of the following methods for receiving permit information, certificates, and inspection violation correspondence. One of the following must be selected:

I will provide a single active email address. This email address is where all inspection correspondence will be sent, as well as my license certificates and other correspondence from KSFMO staff.

Email Address: \_\_\_\_\_

I will install or have available a drop box at every location that is inspected by KSFMO staff. This drop box is where the inspection report will be left upon completion of the inspection. All other correspondence will be mailed to the Class 1 mailing address.

(If using the drop box method for delivery, please be sure you are checking the drop box on a regular basis as facilities are only granted 10 business days (from date of inspection) to provide a plan of correction response. This timeframe will not be extended for any reason.)

I understand that by selecting one of the above methods of communication that it is my responsibility as the business owner/operator to ensure that the chosen method is monitored. The failure to monitor the chosen method may result in non-compliance with the Kansas Propane Safety and Licensing Act and the provisions set forth in the Kansas Fire Prevention Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Changes to Permit Billing Summary

Facility License Number: \_\_\_\_\_

- Address Change / Transfer License Location
- Add Licenses to Facility
- Close Facility

Previous Location:	New Location:	If moving cylinder exchange cabinet, Cabinet Sticker #
_____	_____	_____
_____	_____	_____

Add Bulk Storage Tanks (# x WC gal): \_\_\_\_\_  
Add Dispenser Tank (WC gal): \_\_\_\_\_ Fill Cylinders: Y \_ / N \_ Fill RV or Mobile Fuel: Y \_ / N \_  
Add Cylinder Exchange Cabinet: \_\_\_\_\_ x cabinets

**Facility License Total:** \_\_\_\_\_