



Kansas Propane Safety and Licensing

Class 1 – Dealer License

Required for the retail distribution of liquefied petroleum gas

Full Company Name: (Include DBA)	
Full Physical Address:	
Full Mailing Address:	
Business Telephone	

Provide information for the primary contact person for the license:

Name (First, Last)	Title
Office Phone:	Email:

If any requested information is not known enter "not known" in the space provided.

List all branches operating in Kansas:

City	Physical and Mailing Address

List all manager and employees involved with propane: (Attach list if necessary)

Name	Branch Location	Name	Branch Location

List all cylinder delivery trucks operating in Kansas and license tag numbers

Location	Tag #	Location	Tag #

List all storage facilities, tanks and WC (Do Not Include Dispenser tanks)

Physical Address	# of bulk tanks	WC gal. of each

DO NOT WRITE IN SPACE BELOW

LICENSE #	YR:	PROCESSED BY:
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List all dispensers (pump connected to container)

Physical Address	# of dispensers	WC gal. of each

Check the following services you will perform in Kansas:

<input type="checkbox"/>	Retail Deliveries	<input type="checkbox"/>	Cylinder Exchange Program	<input type="checkbox"/>	Sell Cylinders/Equipment
<input type="checkbox"/>	Wholesale Deliveries	<input type="checkbox"/>	Install LP Gas Systems	<input type="checkbox"/>	Sell or Service Appliances
<input type="checkbox"/>	Fill Cylinders	<input type="checkbox"/>	Rent LP Gas Equipment	<input type="checkbox"/>	Sell or Service RV's
<input type="checkbox"/>	Fill Motor Fuel	<input type="checkbox"/>	Alternative Fuel Installation	<input type="checkbox"/>	Manu. Or Ass. LP Gas Systems

Read and initial the following:

<input type="checkbox"/>	We have read the Kansas statutes and rules that regulate this license and will abide by them
<input type="checkbox"/>	We understand that all Class 1 managers shall be full-time employees
<input type="checkbox"/>	We understand that this license is non-transferable and any change in name or ownership will be reported to the Office of the State Fire Marshal
<input type="checkbox"/>	We understand that all employees that dispense LP Gas shall hold CETP certification or OSFM class certificate for the assigned duties

I certify that this information is true and correct. Any false or fraudulent statement or failure to comply with the rules and regulations promulgated by the Office of the State Fire Marshal or K.S.A. 55-1812 shall be cause for suspension or revocation of the license held.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Mail to: Office of the State Fire Marshal
800 SW Jackson, Suite 104
Topeka, KS 66612-1216

Phone: (785) 296-3401
Fax: (785) 296-0151

IMPORTANT: This application must include the following

- **Copy of training requirement verification**
- **Copy of Certificate of Insurance Liability**