



# RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

## State Fire Marshal

1951 Smith Street, North Providence, RI 02911  
Telephone: (401) 383-7717 — Fax: (401) 415-8608

Colonel Ann C. Assumpico  
Director, Department of Public Safety  
Superintendent, Rhode Island State Police

John E. Chartier, EFO  
State Fire Marshal  
Division of the State Fire Marshal

### APPLICATION FOR STORING, HANDLING OR DISPENSING LIQUEFIED PETROLEUM GAS

Application Date: \_\_\_\_\_

**\$75.00 fee must be attached**

Renewal of Permit # \_\_\_\_\_ or New Application  
Place check box ⇨

Permit Type: Tank Filling  Tank Exchange

# of tanks \_\_\_\_\_ Tank Capacity (each) \_\_\_\_\_ Gal.  Lbs.

#### Permit Location

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State RI Zip \_\_\_\_\_

Phone \_\_\_\_\_

#### Primary Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

#### Applicant

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_

Phone \_\_\_\_\_

#### Owner

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_

Phone \_\_\_\_\_

#### Propane Supplier

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature