



**Office of the State Fire Marshal  
State Fire Marshal**

560 Jefferson Boulevard, Warwick, RI 02886  
Telephone: (401) 889-5555 — Fax: (401) 889-5533

Elizabeth Tanner, Esq.  
Director  
Department of Business Regulations

Timothy P. McLaughlin  
State Fire Marshal  
Office 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