



# RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

## State Fire Marshal

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

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