



Kansas Propane Safety and Licensing

Class 7 – Self-Serve Dispensing License \$50 Per Location

Permits the holder to operate a public self-serve dispenser

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:	Fax:

List all dispenser tanks, size and location: (Attach list if necessary)

Name of Business (if different)	Physical Address	WC Gal.

Read and initial the following:

	We have read the Kansas statutes and rules that regulate this license and will abide by them
	We agree that all DOT cylinders, 300lbs or less, will be filled by weight, unless exempt by NFPA-58, and we will not fill any unsafe or illegal DOT cylinders and/or motor fuel containers
	We understand that this license is non-transferable and any change in name or ownership will be reported to the Kansas State Fire Marshal's Office
	We understand that all employees that dispense LP Gas shall hold CETP certification or KSFMO 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 Kansas State Fire Marshal's Office or K.S.A. 55-1812 shall be cause for suspension or revocation of the license held.

Signed: _____ Printed Name: _____

Title: _____ Date: _____

DO NOT WRITE IN SPACE BELOW

LICENSE #	YR:	PROCESSED BY:
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