



## FLAMMABLE FLUIDS & COMPRESSED GASES LICENSE APPLICATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Applicant/Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please indicate the type of license(s) you are requesting. Total cost: \$** \_\_\_\_\_

<input type="checkbox"/> <b>BULK FLAMMABLES \$190</b>					
# of Tanks					
Capacity					
Underground					
Above Ground					
Diesel >300gal					
Unleaded >300gal					
LP					
Natural Gas					
Other (list)					

<input type="checkbox"/> <b>MISC FLAMMABLES \$45</b>	
<input type="checkbox"/> Gas Cylinder Exchange or Refilling <input type="checkbox"/> Storage of Flammable and/or Combustible Liquids Amounts/Descriptions:	

<input type="checkbox"/> <b>SERVICE STATION \$110</b>	
<input type="checkbox"/> Attended	<input type="checkbox"/> Unattended

Remit payment (checks payable to City of St. Cloud), completed Workers' Comp form and application to: **St. Cloud Fire Department, 101 10<sup>th</sup> Avenue North, St. Cloud MN 56303**