



# Department of Public Safety and Corrections

## Public Safety Services

JOHN BEL EDWARDS  
GOVERNOR

JOHN W. ALARIO  
EXECUTIVE DIRECTOR

### CLASS 6X MULTIPLE LOCATION FORM

Class VI-X applicants must provide a list of multiple locations with complete addresses and store numbers with the application and a payment (check or money order) of ***\$150.00 per location made payable to the L.P. Gas Commission. This fee shall accompany the application.***

Dealer Number \_\_\_\_\_ Permit Number \_\_\_\_\_

**\*\*Location Name** \_\_\_\_\_  
Physical Address (No P.O. Box for Physical Address)  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_  
Telephone No.: (\_\_\_\_) \_\_\_\_\_

**\*\*Location Name** \_\_\_\_\_  
Physical Address (No P.O. Box for Physical Address)  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_  
Telephone No.: (\_\_\_\_) \_\_\_\_\_

**\*\*Location Name** \_\_\_\_\_  
Physical Address (No P.O. Box for Physical Address)  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_  
Telephone No.: (\_\_\_\_) \_\_\_\_\_

Check/Money Order # \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Contact Person's Name, Title, and Telephone No.