

**LIQUEFIED PETROLEUM GAS COMMISSION
PERMIT
OUT-OF-BUSINESS**

Permit Holder Name: _____

Permit Holder Address: _____

Permit Holder Class: _____

Reason For Going Out-Of-Business: Closed down LP Gas Operations Only
 Closed All Operations
 Unable to Obtain Insurance
 Retiring
 Sold Existing Operations

If sold existing operations please give new owner's name, address, and telephone number:

Name: _____

Address: _____

Telephone: _____

NOTE: LP Gas permits can not be sold unless permit is owned by a corporation and the corporation is sold.

I certify that I am an authorized representative of the above named permit holder and I am authorizing the Liquefied Petroleum Gas Commission to place my (our) permit out-of-business.

Authorized Signature

Effective Date of Authorization

WHO IS SUBMITTING THIS AUTHORIZATION:

Check One

Permit Holder
 Supplier Name _____
 LP Gas Commission Inspector Name _____