



Department of Public Safety and Corrections
Liquefied Petroleum Gas Commission

JOHN BEL EDWARDS
GOVERNOR

ARIESHA J. DENTS
EXECUTIVE DIRECTOR

CLASS 6X MULTIPLE LOCATION FORM

Class VI-X applicants must provide a list of multiple locations with the complete addresses, store numbers, and gross sales of L.P. Gas for each location. Your permit fee will be either the total amount of gross sales for ALL locations OR the total number of locations (\$150.00 per location), whichever is the greater amount. Check or money order made payable to the L.P. Gas Commission. This fee shall accompany the permit renewal form.

Dealer Number _____ Permit Number _____

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

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

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

Total Sales of LP Gas _____

Contact Person's Name, Title, and Telephone No. _____