



JEFF LANDRY  
GOVERNOR

Department of Public Safety and Corrections, Public Safety Services  
Liquefied Petroleum Gas Commission

DON ROBIN  
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.**

P.O. BOX 66209, BATON ROUGE, LA 70896  
Phone (225) 925-4895 Fax (225) 925-4898