



Abusable Volatile Chemical (AVC) two-year Sales Permit Application

Renew your AVC Sales Permit online at vo.ras.dshs.state.tx.us/datamart/.

I am applying for a		This application is a(n)	
PARENT COMPANY	<input type="checkbox"/>	INITIAL APPLICATION	<input type="checkbox"/>
RETAIL LOCATION	<input type="checkbox"/>	RENEWAL APPLICATION	<input type="checkbox"/>
		DUPLICATE PERMIT	<input type="checkbox"/>

BUDGET/FUND: ZZ109-125
INTERNAL USE ONLY
FILE #:
PERMIT #:
CASE #:

PARENT COMPANY INFORMATION

You need to list a parent company, if your company has multiple retail locations. The AVC Program will assign a parent company number if an initial application. Each retail location requires a separate application. You can pay all fees with one check when submitted with the applications.

PARENT COMPANY NAME		FEDERAL EIN			PERMIT #
PARENT COMPANY PHYSICAL ADDRESS		CITY	STATE	COUNTY	ZIP CODE
PARENT COMPANY MAILING ADDRESS		CITY	STATE	COUNTY	ZIP CODE
RESPONSIBLE PERSON NAME	RESPONSIBLE PERSON EMAIL		RESPONSIBLE PERSON PHONE #		

RETAIL COMPANY INFORMATION

RETAIL LOCATION NAME		TEXAS SALES TAX NUMBER		EXISTING PERMIT NUMBER	
RETAIL LOCATION ADDRESS		CITY	STATE	COUNTY	ZIP CODE
MAILING ADDRESS		CITY	STATE	COUNTY	ZIP CODE
RESPONSIBLE PERSON NAME	RESPONSIBLE PERSON EMAIL		RESPONSIBLE PERSON PHONE #		

CERTIFICATION: I certify I read and understand the requirements of the Abusable Volatile Chemical Act, Texas Health & Safety Code, Chapter 485. I certify all information provided in this application is correct. I further certify by my signature I legally represent the above company.

DATE	SIGNATURE	PRINTED NAME	TITLE

Submit this application and a check or money order for \$57.00 to the below address.

Make checks or money orders payable to DSHS AVC Program ZZ109-125.

Duplicate Permit requests do not require a fee. Send all Duplicate Permit requests to avc@dshs.texas.gov

**Department of State Health Services
Cash Receipts Branch – MC 2003
PO Box 149347
Austin, TX 78714-9347**