



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 Regulatory Licensing Unit / AVC Permit Program ZZ109 125
 (512) 834 - 6600, ext. 2440
www.dshs.state.tx.us/avc

OFFICE USE ONLY	
Budget / Fund ZZ109-125	
Rec'd date:	_____
Aprv Date:	_____
Issue Date:	_____
By:	_____
Remit#:	_____
Remit Date:	_____
Permit #:	_____

**Application for 2-Year
 Abusable Volatile Chemical (AVC) Sales Permit**
 Under Texas Health and Safety Code, Chapter 485

Return this completed application form and a \$59.00 permit fee for each retail sales location, made payable by check or money order to: **DSHS AVC Program ZZ109 125**. Mail to: **Cash Receipts Branch - MC 2003, Texas Department of State Health Services, AVC Permit Program ZZ109 125, PO Box 149347, Austin, Texas 78714-9347**. For additional assistance in completing this application, contact the AVC Permit Program at (512) 834-6600, ext. 2440 or visit our website at: <http://www.dshs.state.tx.us/avc>

To apply online for a new or renewal AVC Sales Permit, please go to: <http://www.dshs.state.tx.us/avc> & follow the TexasOnline instructions.

Reason For Applying			
(Check all that apply. Enter Permit Number if application is for a Renewal Application)			
<input type="checkbox"/> New permit	<input type="checkbox"/> Permit Renewal	<input type="checkbox"/> Change of Name / Ownership / Location	Permit Number:
Business Location Information			
(actual physical location at which an Abusable Volatile Chemical is sold)			
Retail Location Name:		Sales Tax ID #:	
Retail Location Address: (street address)			
City:		State:	Zip:
Parent Company Information			
The following information is required of all corporations/companies that own or operate multiple retail locations in Texas that require AVC Sales Permits. To facilitate renewal of multiple permits under a single parent company, the AVC Permit Program has assigned a common expiration date and issued a parent company number for your corporation/company in order for all of your retail locations' permits to expire at the same time. Please provide the following information:			
Parent Company Name:			
Mailing Address And Contact Information			
(address where permit will be mailed, e.g., address of corporation, company, or home)			
Mailing Address: (if different from business location)			
City:	State:	Zip:	
Contact Name:		Contact Phone:	
Contact Email:		Contact Fax:	
Certification Statement			
<input type="checkbox"/> I swear or affirm that all information in this completed application is true and correct. I further certify by signature hereon that I am an officer of this company or am otherwise authorized to sign this document on behalf of this company/corporation. I further certify that I have read and understood the requirements of the AVC (Abusable Volatile Chemical) Act, Texas Health & Safety Code, Chapter 485.			
Signature:		Title:	
Name (printed):		Date:	

Permit Procedures

Any company offering to the retail market in the State of Texas any product regulated under the Health and Safety Code, Chapter 485, is required to have an AVC Sales permit and an AVC Warning Sign displayed for public inspection at each location of business. Until the application process has been completed and the permit has been issued (2 to 3 weeks from the received date), the company must not sell AVC products in the State of Texas. The following steps are required to receive a permit for your company:

- A completed application for a permit (page 1 of this form) must be submitted with the appropriate filing fees and received by the AVC Permit Program.
- A **\$59.00 Permit Fee is required** (for a **2-year permit**) **for each location**.
- Please make checks or money orders payable to: **DSHS AVC Program ZZ109 125**.
- If you have multiple applications you may submit your payment in one check.
- Fees may be paid by money order, certified check, personal check, or business check. Cash CANNOT be accepted by mail.
- The application will be reviewed and either approved or denied within 15 days of received date.
- Should your application be incomplete or if an incorrect fee is received, we will mail you a deficiency letter or email to that effect within 10 business days of the received date.
- You will be given 15 business days from the date of issue of any deficiency letter to contact our office by telephone at (512) 834-6600 ext. 2440 to make arrangements to resolve the deficiencies. Applicants who fail to resolve deficiencies within 15 days of the deficiency letter's issue date shall forfeit any permit filing fees that have been paid to DSHS.
- Upon completion of the review and approval, a permit will be printed and mailed to the mailing address provided in the application.

Complete and return to:

**Cash Receipts Branch – MC 2003
Texas Department of State Health Services
AVC Permit Program ZZ109 125
PO Box 149347
Austin, Texas, 78714-9347**

Privacy Notification

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See www.dshs.state.tx.us for information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).