



**DEPARTMENT OF STATE HEALTH SERVICES**

Regulatory Licensing Unit  
AVC Permit Program ZZ109-125  
(512) 834 - 6600

<http://www.dshs.state.tx.us/avc>

**OFFICE USE ONLY**  
Budget / Fund ZZ109-125

Case No.

File No.

Permit No.

**Two Year Permit Application  
Abusable Volatile Chemical (AVC) Sales Permit**

Under Texas Health and Safety Code, Chapter 485

. For additional assistance in completing this application, phone (512) 834-6600 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 Texas.gov instructions.

**Reason for Applying**

(Check all that apply. Enter Permit Number if application is for a Renewal Application)

**New Permit / Change of Ownership / Location**

**Permit Renewal**

**Permit Number:**

**Business Location Information**

(actual physical location at which an Abusable Volatile Chemical is sold)

**Retail Location Name:**

**Federal 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 will assign a parent company number for your corporation/company. For multiple locations, please fill out separate applications. 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**

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:**

**Please submit fee of \$59.00 and application and mail to: (see 2<sup>nd</sup> page for mailing address)**

## 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. 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 60 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.
- You will be given 30 business days from the date of issue of any deficiency letter to contact our office by telephone at (512) 834-6600 to make arrangements to resolve the deficiencies. Applicants who fail to resolve deficiencies within 30 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.

### Make checks or money orders to: DSHS AVC Permit Program ZZ109-125

Submit check, money order, or cashier's check for the amount of **\$59.00** please includes application and mail to:

<b>Mailing address: Cash Receipts MC – 2003</b> <b>Texas Department of State Health Services</b> <b>PO Box 149347</b> <b>Austin TX 78714-9347</b>	<b>or</b>	<b>Cash Receipts MC – 2003</b> <b>Texas Department of State Health Services</b> <b>1100 W 49<sup>th</sup> St</b> <b>Austin TX 78756</b>
--	-----------	--

### 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 to be determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference: Government Code, Section 552.023, 559.003 and 559.004).

An Equal Opportunity Employer and Provider