



COMMERCIAL REQUIREMENTS

The City of Victorville is committed to encouraging business development and economic growth in the City. The City welcomes new business and strives to provide information to assist their success.

To operate within the City limits, you must first obtain a City of Victorville business license. Thank you for taking the first step in completing this process. These are the basic requirements for obtaining a City of Victorville business license.

1. **APPROPRIATE ZONING:** Before beginning the process, make sure the type of business is compatible with the existing zoning for your proposed site. Provide the Assessor's Parcel Number or street address of the property to the Development Department, Planning Division, to check the zoning before starting the process. You may contact the Planning Division at (760) 955-5135.
2. **CERTIFICATE OF OCCUPANCY:** Obtain Certificate of Occupancy and a Mojave Desert Air Quality Management District Clearance application form from the Development Department, Building Division. Submit the application and application fee of \$50.00. You will be required to schedule inspections with the Fire Department, (760) 955-5227, and the Building Division, (760) 955-5105. The Certificate of Occupancy will be issued once all approvals have been received. The Certificate of Occupancy must be issued prior to the business license.
3. **BUSINESS LICENSE:** Anyone conducting business within the Victorville city limits must obtain a business license. An application fee of \$75.00(non-refundable) is required to process the business license application. The annual business license fees vary according to the type of business. To apply for a license or make inquiries about the business license process, you may contact the Business License Division at (760) 955-5072.
4. **SELLERS PERMITS:** All businesses selling tangible property at wholesale or retail in the city must contact the State Board of Equalization at (800) 400-7115, or <http://www.boe.ca.gov/>. If you are moving a business from another area, or opening a branch establishment in Victorville, please be advised that a separate certificate must be issued for posting at the Victorville location.
5. **FICTITIOUS BUSINESS NAME STATEMENT:** California Business and Professions Code requires a Fictitious Business Name Statement is filed for the principle place of business in the State of California. This statement must be recorded with the San Bernardino County Recorder's Office and be published in a newspaper within the same county; please contact the San Bernardino County Recorder's Office for further information at (909)386-8970 or <http://www.sbcounty.gov/acr/fbninfo.htm> This may also be done through a newspaper that has local distribution in the county in which the principle place of business is located. Please provide our office with the publication from the newspaper. This requirement will not apply if the business is conducted under a corporate name.
6. **HEALTH PERMIT:** Approval by the San Bernardino County Environmental Health Department is required for businesses involved in the handling of food, or for any business that has a pool, spa or Jacuzzi for public use. You may contact them at 13911 Park Avenue, Suite 200, Victorville or (760) 243-3773.
7. **WORKERS' COMPENSATION INSURANCE.** Completed OFFICIAL NOTIFICATION REGARDING WORKERS' COMPENSATION INSURANCE form must be provided to our office pursuant to San Bernardino County District Attorney's office.
8. **STATE LICENSE.** If applicable, we will require a copy of your State of California Consumer Affairs License. Please ask the business license clerk or contact the State of California Department of Consumer Affairs at (800)952-5210 for information regarding a State License.
9. **DEPARTMENTAL APPROVALS.** Prior to the business license being issued we will need departmental approvals, Sanitation/Water Department, Building Division, and Fire Department. If there will be any requirements, these departments will contact you direct.

QUESTIONS? CONTACT THE BUSINESS LICENSE DIVISION

Telephone: (760) 955-5072

Fax: (760) 269-0046



14343 Civic Drive
 P.O. Box 5001
 Victorville, CA 92393
 Phone (760) 955- 5072
 Fax (760) 269-0046

BUSINESS LICENSE APPLICATION

CHECK IF APPLICABLE:

- New Application
- Business Out of City
- Change of Owner
- Change of Address
- Change of Business Name
- Change of Business Activity

GENERAL INFORMATION

BUSINESS NAME (DBA)				
OWNERS NAME (if corporation, use corporate name)				
BUSINESS/EVENT ADDRESS (physical address)				
MAILING ADDRESS				
PHONE NUMBER		FAX NUMBER		EMAIL ADDRESS
PRINCIPAL OWNERS, OFFICERS, PARTNERS	RESIDENCE ADDRESS		TITLE	PHONE NUMBER
DESCRIBE BUSINESS ACTIVITY IN DETAIL USE ADDITIONAL SHEETS IF NECESSARY				
WHAT DATE WILL YOU BEGIN IN VICTORVILLE?		TEMPORARY EVENT? (if yes, list date range)		HOME BASED BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
OWNERSHIP TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> HUSBAND/WIFE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP. <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> OTHER				
BUSINESS TYPE: <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> ADMINISTRATIVE HEADQUARTERS <input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> RETAIL SALES <input type="checkbox"/> WHOLESALE				
<input type="checkbox"/> MANUFACTURING <input type="checkbox"/> RECREATION/ENTERTAINMENT <input type="checkbox"/> ASSEMBLY (I.E. CHURCH, INSTRUCTIONAL, CLUB) <input type="checkbox"/> OTHER				
CALIF. LICENSED CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE LICENSE NUMBER		EXPIRATION DATE:
FEDERAL ID NUMBER:	STATE ID NUMBER:	SELLERS PERMIT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH:

BUSINESS OPERATIONS INFORMATION

<p>DOES YOUR BUSINESS PROVIDE A PROFESSIONAL SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO (practice of law, medicine, dentistry, accounting, engineering, mortuary, hospital, architecture, chemistry, geology, etc. as defined in Victorville Municipal Code 5.04.750)</p> <p>HOW MANY OWNERS/EMPLOYEES IN VICTORVILLE? Non-Professional: _____ Professional: _____</p> <p>DOES YOUR BUSINESS OFFER MASSAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WILL YOUR BUSINESS OFFER NON-EMERGENCY MEDICAL TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS YOUR BUSINESS A VEHICLE FOR HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DOES YOUR BUSINESS PROVIDE RENTAL UNITS/ROOMS/SPACES? _____ IF YES HOW MANY: _____ IF YES, IS THERE A POOL/ HOT TUB FOR PUBLIC USE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE YOU SHARING SPACE WITH ANOTHER BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>DO YOU HAVE COIN OPERATED MACHINES? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS YOUR BUSINESS AUTOMOBILE SALES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DO YOU HAVE A REPAIR GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WILL YOU PROVIDE A TOWING SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WILL YOUR BUSINESS PROVIDE A FOOD SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WILL YOUR BUSINESS DEAL IN FIREARMS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DOES YOUR BUSINESS HANDLE, STORE, TREAT HAZARDOUS MATERIALS AND/OR HAZARDOUS WASTE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HOW MANY VEHICLES COMING INTO VICTORVILLE? _____</p> <p>DO YOU CURRENTLY HAVE A VALID CONDITIONAL USE PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, CASE NUMBER _____ EXPIRATION DATE: _____</p>
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NOTICE: BUSINESS LICENSES ARE DUE PRIOR TO COMMENCING OPERATION AND EXPIRE ONE (1) YEAR FROM ISSUE DATE, OR AS STATED IN THE VICTORVILLE MUNICIPAL CODE. ISSUANCE OF A BUSINESS LICENSE IN NO WAY RELEASES THE ISSUUE FROM COMPLIANCE WITH ANY PROVISION OF FEDERAL, STATE, COUNTY AND CITY STATUTES, ORDINANCES, RULES, REGULATIONS, OR OTHER LAW, INCLUDING AND WITHOUT LIMITATION TO ZONING, BUILDING, AND HEALTH AND SAFETY LAWS. THIS APPLICATION WILL BE CIRCULATED TO RELEVANT FEDERAL, STATE, COUNTY AND CITY AGENCIES AND DEPARTMENTS FOR INSPECTION AND LAW ENFORCEMENT PURPOSES. THE CITY MAY, AT ANY TIME, REQUIRE ANY EMPLOYER TO FURNISH A WRITTEN STATEMENT SHOWING THE NAME OF HIS OR HER INSURER OR THE MANNER IN WHICH THE EMPLOYER HAS COMPLIED WITH THE PROVISIONS OF SECTION 3700 OF THE CALIFORNIA LABOR CODE. FAILURE OF THE EMPLOYER, FOR A PERIOD OF TEN (10) DAYS, TO FURNISH THE WRITTEN STATEMENT IS PRIMA FACIE EVIDENCE THAT HE OR SHE HAS FAILED OR NEGLECTED IN RESPECT TO THE MATTER SO REQUIRED AND MAY RESULT IN SUSPENSION/REVOCAION OF THE BUSINESS LICENSE BY THE CITY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT, THAT I HAVE READ THE ABOVE, AND UNDERSTAND ALL THE CONDITIONS AS STATED THEREIN.

SIGNATURE _____ TITLE _____ DATE _____

FINANCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

DATE RECEIVED:			
VMC SECTION:	SIC CODE:		
B/L FEE: \$	APP FEE: \$	TOTAL \$	HEALTH DEPT:
RECEIPT DATE/NUMBER:			FBN
BUSINESS LICENSE NUMBER:			COMMENTS:



City of Victorville

Department of Development

Planning • Building • Code Enforcement

14343 Civic Drive
 PO Box 5001
 Victorville, CA 92393-5001
 (760) 955-5105
 Fax (760) 269-0072
 inspection@ci.victorville.ca.us

Application for Certificate of Occupancy

If any of the following applies to your business, a Certificate of Occupancy is not required:

- Sharing office space with another business
- Operating out of your home (home occupancy)
- Occupying office space at 15437 Anacapa Road

If none of the above apply to your business, please proceed with completing this form in its entirety

Please mark all that apply to your business:

- | | | |
|---|--|---|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Change in Business Name* | <input type="checkbox"/> Change of Address |
| <input type="checkbox"/> Newly Constructed Building | <input type="checkbox"/> Change in Business Owner* | <input type="checkbox"/> Change of Occupant |
| <input type="checkbox"/> Existing Building | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Additional Occupancy |

*Please provide a copy of the previous Certificate of Occupancy

Business Address: _____ Suite No.: _____

Business Owner (if corporate, use corporate name): _____

Mailing Address: _____
Street Address City State Zip Code

Contact Person: _____ Phone No.: _____

Business Name (DBA): _____

Business Type: _____

Previous Use of Building: _____ Date of Start or Change of Business: _____

Length Vacant: _____ Total Area in Building (square feet): _____

No. of Full Time Employees: _____ No. of Part Time Employees: _____ No. of Business Vehicles: _____

No. of Parking Spaces: _____ No. of Accessible Parking Spaces: _____

*If yes to any questions below, please complete the attached Fire Clearance Letter and submit to the Fire Department for approval. It is the applicant's responsibility to then submit the approved Fire Clearance Letter to the Development Department Building Division prior to Certificate of Occupancy issuance.

Does your business have outside storage? Yes* No

Does your business store hazardous materials? Yes* No

Does your business create hazardous materials? Yes* No

Will the locks on the main entry door be changed? Yes* No

Is the building new construction with fire suppression systems (sprinkler system)? Yes* No

Does the building have a new or modified suppression system (sprinkler system)? Yes* No

Notice:

1. This is an APPLICATION FOR CERTIFICATE OF OCCUPANCY ONLY and does not give the right to conduct business or make alterations to the structure. (Alterations require a permit).
2. Mojave Desert Air Quality Management District (MDAQMD) approval signature is required prior to this application being accepted by the City of Victorville. MDAQMD: 14306 Park Ave., Victorville, CA 92392 Fax: (760) 245-2022.
3. If main entry door locks are changed, the building is new construction with fire suppression systems, or the fire suppression system is new or modified, the attached Fire Clearance Letter must be approved by the Fire Department prior to Certificate of Occupancy issuance. It is the applicant's responsibility to then submit the approved Fire Clearance Letter to the Development Department Building Division prior to Certificate of Occupancy issuance.
4. Occupancy of any building is prohibited and a business license will not be issued until the building has been inspected by the Building Division, and a Certificate of Occupancy obtained.
5. Corrections may be required prior to issuance of the Certificate of Occupancy.
6. A \$50.00 processing fee will be paid when this application is submitted.
7. If there are no permits associated with this case (such as a tenant improvement), this application expires 60 days from the date of last activity.



CITY OF VICTORVILLE

Fire Department

14343 Civic Drive
P.O. Box 5001
Victorville, CA 92393-5001
(760) 955-6227
Fax (760) 955-1098
fire@ci.victorville.ca.us

Fire Clearance Letter

Date: _____

I _____, am requesting inspection from the City of
(Applicant)

Victorville Fire Department for the clearance of _____,
(Business Name)

at _____, pertaining to the Certificate of
(Business Location/Address)

Occupancy # OCC _____

Business Owner: _____

Phone #: _____

Applicants Address: _____

City, State & Zip Code: _____

I certify that the above information is true and correct.

(Signature)

(Date)

For Fire Department Use Only:	
Approved: _____	Date: _____
Denied: _____	Reason for denial: _____
_____ _____ _____ Fire Department Inspector: _____	

APPLICATION FOR MDAQMD CLEARANCE

CERTIFICATE OF OCCUPANCY/BUILDING PERMIT

(RESIDENTIAL PROJECTS EXEMPT)

APPLICANT SEEKING CLEARANCE FOR:

- Building Permit (not for demolition/renovation or asbestos permits)
- Certificate of Occupancy (only if no prior building permit or there is a change in use)

BUSINESS NAME:	CONTACT:	PHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
FACILITY ADDRESS:	CITY:	STATE:	ZIP:
NATURE OF BUSINESS (i.e., dry cleaner, gasoline dispensing, office, etc.):			

1. Will the subject facility use any of the equipment/processes listed in the air permit categories on the back of this document, or any other process that has the potential to emit or control air contaminants - Rule 201?

YES* NO

*If YES, you must complete an application for an Authority To Construct (ATC). Applications can be obtained on the internet (www.mdaqmd.ca.gov), at our office 14306 Park Avenue Victorville, or via telephone (760) 245-1661/ facsimile (760) 245-2022.

2. Will the subject facility be located within 1,000 feet of a school (measured outer boundary to outer boundary) - H&S Code 42301.6?

YES NO* *If NO, proceed to Item 5 (you can skip Items 3 and 4)

3. Will the subject facility have the potential to emit hazardous air contaminants, such as solvents, thinners, pesticides, gasoline, dip tank solutions, dust, mist, vapor, resin, or others (complete list available on request)?

YES NO* *If NO, proceed to Item 5 (you can skip Item 4)

4. Attach a list of substances to be used at the subject facility and include a plot plan. The plot plan must include the distance from the outer boundary to the outer boundary of the nearest school.

5. I DECLARE UNDER PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Signature of owner or authorized agent

Date of signature

FOR OFFICE USE ONLY

DATE RECEIVED

AUTHORIZED DISTRICT SIGNATURE

DATE SIGNED

CONFIRMING STAMP OR INITIALS

BUILDING PERMIT

CERTIFICATE OF OCCUPANCY



LOCAL AGENCY

LISTING OF PERMIT CATEGORIES

Mojave Desert Air Quality Management District

All businesses require clearance from the MDAQMD before obtaining a
Certificate of Occupancy or Building Permit

Chemicals

Organic Gas Sterilizers
Acid Chemical Milling
Can and Coil Manufacturing
Evaporators, Dryers, and Stills
Processing Organic Minerals
Dry Chemical Mixing
Detergent Spray Towers
Bulk Dry Chemical Storage

Coatings and Surface Preparation

Abrasive Blasting Equipment
Coating and painting
Plasma Arc and Ceramic Deposition
Spray Booths
Paint, Stain, and Ink Manufacturing

Combustion

Generators
Piston Internal Combustion Engines
Gas Turbines and Turbine Test Cells and Stands
Incinerators and Crematories
Burn Out Ovens
Core Ovens

Food

Smokehouses
Feed and Grain Mills
Coffee Roasters
Feed and Grain Mills
Bulk Flour and Powdered Sugar Storage

Metal Melting Devices

Oil Quenching and Salt Baths
Hot Dip Galvanizing
Precious Metals Refining
Chrome Plating
Chromic Acid Anodizing

Rock and Mineral

Hot Asphalt and Batch Plants
Sand, Rock, and Aggregate Plant
Concrete Batch, CTB, Concrete Mixers and Silos
Brick Manufacturing

Solvent Use

Vapor and Cold Degreasing
Dry Cleaning
Solvent and Extract Dryers

Other

Asphalt Roofing Tankers
Gasoline and Alcohol Fuel Dispensing
Reverse osmosis Membrane Manufacturing
Aqueous Waste Neutralization
Brake Debonders
Bulk Grain and Dry Chemical Transfer and Storage
Rubber Mixers
Landfill Gas Fare Recovery Systems
Waste Disposal and Reclamation Units
Asphalt Pavement Heaters
Ceramic Slip Casting
Perlite Processing
Oil Field Production
Storage of Organic Liquids
Organic Compound Marketing (gasoline, etc.)
Gasoline and Alcohol Bulk Plants and Terminals
Intermediate Refuelers

- **NOTE:** Other equipment/processes not listed here may require a District permit if they have the potential of emitting air contaminants. If there are any questions, contact the Mojave Desert AQMD @ 760-245-1661.

IF YOU INSTALL OR OPERATE EQUIPMENT WITHOUT A PERMIT, YOU MAY BE SUBJECT TO LEGAL ACTION AND PENALTIES OF UP TO \$25,000 FOR EACH DAY OF VIOLATION.