



14343 Civic Drive
P.O. Box 5001
Victorville, CA 92393
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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 \$
RECEIPT DATE/NUMBER:		HEALTH DEPT:
BUSINESS LICENSE NUMBER:		FBN
		COMMENTS: