



RESIDENTIAL 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. Listed within this brochure 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 Planning Department to check the zoning before starting the process. You may contact the Planning Department at (760) 955-5135.
2. **BUSINESS LICENSE:** Anyone conducting business within the Victorville city limits must obtain a business license. An application fee of \$75.00 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.
3. **HOME OCCUPATION PERMITS:** Home based businesses may be approved upon application to the Planning Department if they comply. If compliance with regulations is not met initially, an application for a Planning Commission hearing may be necessary. Fees for Home Occupation Permits are: \$50.00 for administrative approvals and \$200.00 for Planning Commission approvals. Contact the Planning Department at (760) 955-5135 for more information.
4. **SELLERS PERMITS:** All businesses selling tangible property at wholesale or retail in the city must contact the State Board of Equalization at (951) 680-6400, (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 be filed for the principle place of business in the state of California if your business name qualifies as a fictitious business name. This statement must be recorded with the San Bernardino County Clerk <http://www.co.san-bernardino.ca.us> and published in a newspaper within the same county. This may 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 proof of publication in the newspaper. This requirement will not apply if the business is conducted under a corporate name or listed in the articles of incorporation.
6. **HEALTH PERMIT:** Approval by the San Bernardino County Environmental Health Department <http://www.sbcounty.gov/dehs/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. **RUBBISH COLLECTION SERVICE:** This is a mandatory service for all business and residential customers. Please contact the City of Victorville Sanitation Department at (760) 955-5087 to ensure service has been initiated for your location.

MAILING LISTS

The Business License Division offers a list of the names and mailing addresses of licensed businesses. This list is available on paper or 3.5" disk and can be used for advertising purposes for your upcoming events. The cost is \$20.00 plus tax. Contact the Business License Division for more information.

QUESTIONS? CONTACT THE BUSINESS LICENSE DIVISION
Telephone: (760) 955-5072 Fax: (760) 269-0046



CITY OF VICTORVILLE BUSINESS LICENSE APPLICATION

14343 CIVIC DRIVE
P.O. BOX 5001
VICTORVILLE, CA 92393
PHONE (760) 955-5072
FAX (760) 269-0046

New License
 Ownership Change
 Business Name Change
 Location Change

BUSINESS NAME (DBA)			
OWNERS NAME (if corporation, use corporate name)			
BUSINESS ADDRESS (physical address)			
MAILING ADDRESS			
PHONE NUMBER		FAX NUMBER	
EMAIL ADDRESS			
PRINCIPLE OWNERS, OFFICERS, PARTNERS	RESIDENCE ADDRESS	TITLE	PHONE NUMBER
DESCRIPTION OF BUSINESS (be specific)			
HOME BASED BUSINESS? YES NO		WHAT DATE WILL YOU BEGIN IN VICTORVILLE?	
TEMPORARY EVENT? (if yes, list date range)			
OWNERSHIP TYPE: SOLE PROPRIETOR HUSBAND/WIFE PARTNERSHIP CORP. LLC LLP OTHER			
CALIF. LICENSED CONTRACTOR? YES NO		STATE LICENSE NUMBER:	
		EXPIRATION DATE:	
FEDERAL ID NUMBER:	STATE ID NUMBER:	SELLERS PERMIT NUMBER:	SOCIAL SECURITY NUMBER:
DATE OF BIRTH:			

DOES YOUR BUSINESS PROVIDE A PROFESSIONAL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(practice of law, medicine, dentistry, accounting, engineering, mortuary, hospital, architecture, chemistry, geology, etc. as defined in Victorville Municipal Code 5.04.750)</small>		DO YOU HAVE COIN OPERATED MACHINES? YES NO	
HOW MANY OWNERS/EMPLOYEES IN VICTORVILLE? Non-Professional: _____ Professional: _____		IS YOUR BUSINESS AUTOMOBILE SALES? YES NO IF YES, DO YOU HAVE A REPAIR GARAGE? YES NO	
DOES YOUR BUSINESS OFFER MASSAGE? YES NO WILL YOUR BUSINESS OFFER NON-EMERGENCY MEDICAL TRANSPORTATION? YES NO		WILL YOU PROVIDE A TOWING SERVICE? YES NO WILL YOUR BUSINESS PROVIDE A FOOD SERVICE? YES NO	
IS YOUR BUSINESS A VEHICLE FOR HIRE? YES NO DOES YOUR BUSINESS PROVIDE RENTAL UNITS/ROOMS/SPACES? YES NO IF YES, HOW MANY: _____ IF YES, IS THERE A POOL/HOT TUB FOR PUBLIC USE? YES NO		WILL YOU HAVE ANIMAL SERVICES AT THIS LOCATION? YES NO WILL YOUR BUSINESS DEAL IN FIREARMS? YES NO	
ARE YOU SHARING SPACE WITH ANOTHER BUSINESS? YES NO		DOES YOUR BUSINESS HANDLE, STORE, TREAT HAZARDOUS MATERIALS AND/OR HAZARDOUS WASTE? YES NO	
HOW MANY VEHICLES COMING INTO VICTORVILLE? _____ PREVIOUS TYPE OF BUSINESS AT THIS LOCATION: _____			

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. CUMULATIVE PENALTIES OF TEN (10) PERCENT ACCRUE ON THE FIRST DAY OF EACH MONTH THIRTY (30) DAYS AFTER THE DUE DATE OF AN ANNUAL LICENSE, UP TO FIFTY (50) PERCENT OF THE TOTAL LICENSE FEE. ISSUANCE OF A BUSINESS LICENSE IN NO WAY RELEASES THE ISSUER 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/REVOCATION 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			DATE RECEIVED	
DATE RECEIVED: _____			DEPARTMENT APPROVALS:	
VMC SECTION: _____		SIC CODE: _____		
POLICE DEPT: _____		HEALTH DEPT: _____		
B/L FEE \$ _____	APP FEE \$ _____	TOTAL \$ _____		
RECEIPT DATE/NUMBER: _____		FBN PUBLICATION DATE: _____		PROOF ATTACHED: _____
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) 955-5135
 Fax (760) 269-0070
 planning@ci.victorville.ca.us

APPLICATION FOR HOME OCCUPATION PERMIT – ADMINISTRATIVE APPROVAL

IMPORTANT NOTICE

CHECKS FOR FEES SHOULD BE MADE IN THE EXACT AMOUNT. APPLICATIONS WHERE CHECKS FOR FEES ARE INCORRECT WILL NOT BE ACCEPTED BY THIS DEPARTMENT. THEREFORE, MAKE SURE PRIOR TO THE SUBMISSION OF ANY APPLICATION THAT CHECKS ARE MADE OUT FOR THE PROPER FEE AMOUNT.

INSTRUCTIONS TO APPLICANT

1. The applicant must complete the attached form(s), submit the application fee(s) as prescribed, including property ownership documents with any additional graphics or exhibits if applicable, and provide all additional information required before the application can be accepted for filing by the Development Department Planning Division. Checks should be made payable to the City of Victorville.
2. Please provide a thorough and accurate description of the proposed home occupation to determine if its operation will meet the required standards, giving special attention to the attached requirements which must be met in order for the home occupation to be approved.
3. Please note – if a proposed home occupation cannot meet the attached requirements, then an application for an administrative approval should not be submitted. Instead, the applicant should file an application for home occupation approval by the City of Victorville Planning Commission.

APPLICATION FOR HOME OCCUPATION PERMIT – ADMINISTRATIVE APPROVAL

Name of Property Owner: _____ Phone No.: _____

Address: _____

Name of Applicant: _____ Phone No.: _____
(If Applicant is not the property owner, the attached Letter of Authorization shall be signed by the owner.)

Address: _____

Type of Project	Fee
Home Occupation Permit – Administrative Approval	\$50.00

FOR OFFICE USE ONLY:

Fees Paid: _____	Receipt No.: _____	Application Received by: _____
Case No.: _____	Date Filed: _____	
Approved: Yes _____ No _____	Date Approved: _____	
Assessors Parcel No.: _____	Property Size: _____ (acre/sq.ft.)	
Zoning: _____	Grant Deed/Ownership Verified: Yes _____ No _____	
Agent's Letter: Yes _____ No _____	N/A	

Describe your home occupation. The description shall include the following: Type of structure (i.e., single family residence, mobile home, apartment); type and name of business; type of equipment, materials and processes used; how the business is to be conducted; storage area required; and any other information which you believe will help the Planning Division understand the nature of your occupation.

I, _____ (please print) being first duly sworn, each for himself or herself, deposes and says that I am the owner or agent for the owner of the property involved in this application and that the foregoing statements and answers herein contained and the information herein submitted, are in all respects true and correct to the best of my knowledge and belief. Further, I fully understand that the City of Victorville may revoke an adopted project provided: (1) the approval was obtained by fraud; (2) the project is being or has been exercised contrary to the terms or conditions of such approval, or in violation of any statute, ordinance, law, or regulation; or (3) the adoption of the project was so exercised as to be detrimental to the public safety, or so as to constitute a public nuisance.

State of California }
County of _____ }

On _____ before me, _____
Date Here Insert Name and Title of the Officer

personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public (or City of Victorville Planning Division Staff)

Place Notary Seal Above

REQUIREMENTS:

In reviewing and acting upon an application for a Home Occupation Permit, the Development Department Planning Division must determine the applicant's ability to meet the following requirements.

- a. Possession of a retail business license is required.
- b. There shall be no exterior evidence of the conduct of a home occupation except for any signage on vehicles unless otherwise regulated by Title 18.
- c. A home occupation shall be conducted only within the enclosed living area of the dwelling unit or the garage without rendering the garage unusable as the required off-street parking space(s) for the dwelling unit.
- d. Electrical or mechanical equipment which creates visible or audible interference in radio or television receivers or causes fluctuation in line voltage outside the dwelling unit or which creates noise or odors not normally associated with residential dwelling units shall be prohibited.
- e. Only the residents of the dwelling unit may be engaged in the home occupation.
- f. To the extent that there is any sale of any service or item related to a home occupation by the permittee or seller, no transaction or delivery of the item to the buyer shall occur on or adjacent to the premises.
- g. There shall be no signs other than those permitted by the zone regulations.
- h. A home occupation shall not create greater vehicle or pedestrian traffic than normal for the district in which it is located.
- i. There shall be no modification to existing utility services to accommodate or service the home occupation.
- j. Any storage of hazardous, toxic, flammable or combustible materials or chemicals associated with the home occupation shall be allowed only in compliance with City of Victorville standards.
- k. That portion of the dwelling unit occupied by certain home occupations shall be made available for an annual fire inspection to ensure compliance with applicable health and safety standards. A fee may be charged by the Fire Department for this inspection. Failure to allow the inspection can result in the revocation of the home occupation permit. The Planning Commission shall make the determination as to whether this condition applies to a specific home occupation at the time of approval.
- l. No advertisement of the home occupation shall include the address of the residential dwelling where the home occupation is conducted.

I have read and understand the aforementioned requirements which must be met in order for the home occupation to receive administrative approval. Subsequent operation of the home occupation in violation of the requirements would most likely result in the invalidation of the home occupation permit.

Signed _____ Printed Name _____ Date: _____

**LETTER OF AUTHORIZATION
IF APPLICANT OTHER THAN PROPERTY OWNER**

I, _____, as owner(s) of property identified as Assessor's Parcel No(s), _____
Property Owner(s)

and/or Tract/Parcel Map _____, Parcel/Lot No. _____

do hereby authorize _____ to represent me as agent in seeking approval of the
Authorized Agent

Following project(s):

Signed _____ Date: _____
Property Owner(s)

Signed _____ Date: _____
Property Owner(s)

NO APPLICATION FROM AN INDIVIDUAL OTHER THAN THE PROPERTY OWNER WILL BE ACCEPTED UNLESS THIS DOCUMENT IS COMPLETED, SIGNED AND SUBMITTED AS PART OF THE PROJECT APPLICATION.

IF ANY OF THE ABOVE INFORMATION IS INCORRECT, SAID APPLICATION WILL NOT BE CONSIDERED COMPLETE AND WILL NOT BE PROCESSED BY THE PLANNING DIVISION.