



City of Victorville

Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

Statement of Business Cancellation Form

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

(760) 955-5072
Fax (760) 269-0046

businesslicense@ci.victorville.ca.us

Business License Number: BSL _____

The following business _____
(business name)

owned by _____, which is located at
(business owner(s) name)

_____ Victorville,
(business address)

California _____, (will cease / has ceased) to operate within the city limits of Victorville,
(zip code)

California as of this date _____.
(Date)

By signing below, I understand that the business above will not be able to operate within the City of Victorville without first obtaining a new business license from the City of Victorville. Further, I understand that any activity generated by the business above, without the proper licenses, permits or inspections shall be guilty of a misdemeanor and subject to a fine of not more than five hundred dollars, imprisonment in the County Jail for a period of not more than six months or both.

Name(s) (Please Print) _____

Signature(s) _____ Date _____

_____ Date _____

BUSINESS LICENSE USE ONLY – DO NOT WRITE BELOW THIS LINE:

Business License Number: _____

Original License Printed Date: _____

Date File Closed: _____