



# City of Victorville

## Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

### Business License Record Update Form

14343 Civic Drive  
PO Box 5001  
Victorville, CA 92392

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

businesslicense@ci.victorville.ca.us

WRITTEN NOTIFICATION IS REQUIRED TO CHANGE  
AND/OR UPDATE BUSINESS LICENSE RECORDS.

BUSINESS LICENSE NUMBER: BSL\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

Business Location Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Telephone Number(s) / Fax / Email: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

Any other changes not listed above may require a new Business License. If the change or update you need to make is not available on this form, please contact the Business License Division.

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Business License Number: \_\_\_\_\_

Original License Printed Date: \_\_\_\_\_

Date File Updated/Initials: \_\_\_\_\_