



# City of Victorville

## Development Department

Planning • Building • Code Enforcement • Business License

### Exempt Business License Requirements

14343 Civic Drive  
PO Box 5001  
Victorville, CA 92392

(760) 955-5072  
Fax (760) 269-0046  
businesslicense@  
victorvilleca.gov

#### REQUIRED ITEMS (all required documents to be completed are enclosed):

- APPROPRIATE ZONING:** Before beginning the process, make sure that your 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 Division. Contact the Planning Division at [planning@victorvilleca.gov](mailto:planning@victorvilleca.gov) or at (760) 955-5135.
  - BUSINESS LICENSE:** Anyone conducting business within the Victorville city limits must obtain a business license.
  - CERTIFICATE OF OCCUPANCY:** All commercial businesses within the City of Victorville limits must obtain a Certificate of Occupancy. You will be required to schedule inspections with the Building Division. The Certificate of Occupancy will be issued once all approvals have been received, and will be issued with the business license. For more information or to schedule your inspection, contact the Building Division at [inspection@victorvilleca.gov](mailto:inspection@victorvilleca.gov) or at (760) 955-5100.
- OR
- HOME OCCUPATION PERMIT:** All home based businesses within the City of Victorville limits must obtain a Home Occupation Permit. The Planning Division must approve the application. The Home Occupation Permit will be issued once all approvals have been received, and will be issued with the Business License. For more information, contact the Planning Division at [planning@victorvilleca.gov](mailto:planning@victorvilleca.gov) or at (760) 955-5135.
  - HEALTH PERMIT:** If your business is involved in the handling of food, or if your business has a pool, spa or jacuzzi for public use. For more information, contact the San Bernardino County Environmental Health Department at (800) 442-2283, 15900 Smoketree Street, Hesperia, Ca 92345, or at [www.sbcounty.gov/dph/dehs/Depts/EnvironmentalHealth/BusinessServices/applications.aspx](http://www.sbcounty.gov/dph/dehs/Depts/EnvironmentalHealth/BusinessServices/applications.aspx).
  - TAX EXEMPTION FORM:** The enclosed form must be completed by all exempt business license applicants.
  - TOTAL FEES DUE:** \$0.00. The Annual Business License Fees will be \$0.00. The City only accept cash, check or money order (payable to the City of Victorville); either in-person or via mail.

#### OTHER REQUIREMENTS IF APPLICABLE (provide a copy of applicable documents):

- FICTITIOUS BUSINESS NAME STATEMENT (FBN) / CORPORATE STATUS:** If your business ownership type is Sole Proprietor (individual), Partnership (2 or more owners) or Trust, and your business name does not include your surnames (last names); or if your business ownership is a Limited Liability Company or Corporation, and your business name is something other than what is listed on the Articles of Incorporation (DBA-doing business as). For more information, contact the San Bernardino County Recorder's Office at (760) 995-8065, 15900 Smoke Tree Street, Hesperia or at [www.sbcounty.gov/arc/FbnInfo.aspx](http://www.sbcounty.gov/arc/FbnInfo.aspx). If your business ownership is a Limited Liability Company or Corporation, you must file Articles of Incorporation. For more information, contact the California Secretary of State at (916) 657-5448, or at [www.sos.ca.gov/business/](http://www.sos.ca.gov/business/).
- STATE LICENSE / CERTIFICATION:** If your occupation requires you to have a State license / certification. For more information, contact the State of California Department of Consumer Affairs at (800) 952-5210 or at <http://www.dca.ca.gov/licensee/index.shtml>. Please be aware that your state license may be under a different State Department; contact your specific department for more information.
- SELLER'S PERMIT:** If your business is selling tangible property at wholesale or retail prices. Please be aware that the Seller's Permit must have the Victorville location for posting at the location. For more information, contact the State Board of Equalization at (800) 400-7115 or at [www.boe.ca.gov/](http://www.boe.ca.gov/).
- HEALTH PERMIT:** If your business is involved in the handling of food, or if your business has a pool, spa or jacuzzi for public use. For more information, contact the San Bernardino County Environmental Health Department at (800) 442-2283, 15900 Smoketree Street, Hesperia, Ca 92345, or at [www.sbcounty.gov/dph/dehs/Depts/EnvironmentalHealth/BusinessServices/applications.aspx](http://www.sbcounty.gov/dph/dehs/Depts/EnvironmentalHealth/BusinessServices/applications.aspx).

#### IMPORTANT INFORMATION:

- Incomplete applications will **not** be accepted. Fees must be received at the time of application submission.
- The City only accepts cash, check or money orders (payable to the City of Victorville), either in-person or via mail; **no exceptions**.
- It does take some time to process the business license application; therefore, you may submit the application while you are in the process of obtaining the applicable documents required. Required documents can be emailed, faxed, mailed or submitted in person.
- If any of the requirements have not been met, notification will be sent out via mail of the remaining requirements to be met.



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### Business License Application, Page 1 of 2

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This application must be completed in its entirety to be accepted / processed by the Development Department.

Select all that apply:

- New Application/Business
- Change of Owner
- Change of Ownership Type
- Change of Business Name
- Change of Business Address
- Change of Business Type / Activity / Use

#### General Business Information

Business Name (if DBA, use DBA): \_\_\_\_\_

Business Owner (if corporation, use corporate name): \_\_\_\_\_

Business Address including Suite #: \_\_\_\_\_  
Street Address w/Suite # City State Zip Code

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone No.: ( ) Fax No.: ( ) Email: \_\_\_\_\_

Principal Owners, Officers, Partners, Contact Person (attached additional pages if necessary):

Name	Residence Street Address	Title	Phone Number

Name	Residence Street Address	Title	Phone Number

#### Fees

Please note that the fees must be paid when the application is submitted.

Total Fees Due pay all regulatory fees associated with processing the Business License, Certificate of Occupancy / Home Occupation Permit (one-time fee) through the first year.

Fees must be paid by check, money order or cash, either in person or via mail. No exceptions.

**TOTAL START-UP FEES DUE: \$0.00**

**Annual Fees will be: \$0.00**

By signing below, I understand that this is an application **ONLY** and does **NOT** give the right to conduct business until **BOTH** the Certificate of Occupancy or Home Occupation Permit, **AND** the Business License have been approved and **ISSUED**.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Date Rec'd:	Rec'd By:	PLN Comments:
VMC:	SIC:	
Total Fees Due:	Total Amount Rec'd: \$	
<input checked="" type="checkbox"/> Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> #:	OCC Insp:
BSL#:	Fire Insp:	Planner:



# City of Victorville

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### Business License Application, Page 2 of 2

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This application must be completed in its entirety to be accepted / processed by the Development Department.

### Business Operations Information

Business Type:  Exempt

Business Description - describe business activity **IN DETAIL**, to include the following: type of business, how the business is to be conducted, type of structure (single family residence, apartment, etc.); type of items, merchandise, equipment, materials and processes used; if a storage area required and where it is located; any other information which you believe will help the Development Department understand the nature of your occupation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you would like to begin in Victorville: \_\_\_\_\_ If it's a temporary event, date range: \_\_\_\_\_

Total # of Owners / Employees: \_\_\_\_\_ Of those employees, # of Professionals: \_\_\_\_\_ Total # of Business Vehicles: \_\_\_\_\_

Professionals: Federal / State / County ID / Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Ownership Type:  Sole Proprietor (Individual)  Partnership (2 or more owners)  Corporation  LLC  Trust

Please provide at least one of the following:

Federal ID #: \_\_\_\_\_ State ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sellers Permit #: \_\_\_\_\_

Contractors: Classification: \_\_\_\_\_ State ID #: \_\_\_\_\_ Expiration Date (must be active): \_\_\_\_\_

Does your business provide a food / beverage service?  Y  N If so, please describe: \_\_\_\_\_

Does your business deal in firearms?  Y  N If so, please provide your Federal Firearms License #: \_\_\_\_\_

Does your business have coin operated machines?  Y  N If so, how many / locations: \_\_\_\_\_

Does your business have a pool, spa, sauna, hot tub, etc. for public use?  Y  N If so, please describe: \_\_\_\_\_

Do you currently have a Conditional Use Permit?  Y  N If so, Case #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Notice:** Business Licenses are due prior to commencing operation. Business Licenses are annual and expire one (1) year from the month of issuance on the last day of the month, or as stated in the Victorville Municipal Code. Issuance of the Business License in no way releases the issuee 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, City Agencies and Departments for reviews, inspections and law enforcement purposes. It shall be the responsibility of the licensee to notify the Business License Division of any changes, updates to, and/or to cancel the Business License. Failure to comply may result in penalty fees, the Business License being suspended and/or revoked.

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: \_\_\_\_\_

- If your business address is at a commercial location, complete the Certificate of Occupancy Application.
- If your business address is at a residential location, complete the Home Occupation Permit Application.



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### Certificate of Occupancy Application, Page 1 of 2

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(760) 955-5100  
Fax (760) 269-0072  
inspection@victorvilleca.gov

If you are sharing space with another business of similar use and occupancy,  
a Certificate of Occupancy may not be required.

Sharing Space?  Y  N If so, who are you sharing space with: \_\_\_\_\_

If you answered "yes" to the above question, you may skip this page and the following page.

### Certificate of Occupancy Information

Business Type: \_\_\_\_\_ Previous Use of Building: \_\_\_\_\_

Is your business a restaurant, or do you prepare food or drink?  Y  N

Date of Start or Change of Business: \_\_\_\_\_ Length Vacant: \_\_\_\_\_

Total Building Area (square feet): \_\_\_\_\_ # of Full Time Employees: \_\_\_\_\_ # of Part Time Employees: \_\_\_\_\_

# of Business Vehicles: \_\_\_\_\_ # of Parking Spaces: \_\_\_\_\_ # of Accessible Parking Spaces: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Name Title Phone Number

#### Important Notice:

- This is an application for a Certificate of Occupancy only and does not give the right or approval to occupy the building, conduct business or make any modifications and / or alterations to the building. (This requires a permit).
- Mojave Desert Air Quality Management District (MDAQMD) approval signature on the next page of this application is required prior to this application being accepted and processed by the City of Victorville, Development Department. MDAQMD: 14306 Park Avenue, Victorville, CA 92392; Fax #: (760) 245-2022.
- The building must be inspected by the Building Division and Fire Department, and corrections may be required prior to the issuance of the Certificate of Occupancy.
- If there are no permits associated with this case (such as a tenant improvement), this application will expire 60 days from the date of the last activity.

I have read and understand the aforementioned notice, which must be met in order for the Certificate of Occupancy to receive approval. Violation of the notice would most likely result in the invalidation of the Certificate of Occupancy.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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](http://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
<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>CONFIRMING STAMP OR INITIALS</p>	<input type="checkbox"/> BUILDING PERMIT  <input type="checkbox"/> 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 Still  
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.**



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planning@victorvilleca.gov

### Home Occupation Permit Application, Page 1 of 1

#### Home Occupancy Permit 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:

- Possession of a business license is required.
- There shall be no exterior evidence of the conduct of a home occupation except for any signage on vehicles unless otherwise regulated by Title 16.
- 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.
- Electrical/mechanical equipment which creates visible/audible interference in radio/television receivers or causes fluctuation in line voltage outside the dwelling unit/which creates noise/odors not normally associated with residential dwelling units shall be prohibited.
- Only the residents of the dwelling unit may be engaged in the home occupation.
- 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.
- There shall be no signs other than those permitted by the zone regulations.
- A home occupation shall not create greater vehicle or pedestrian traffic than normal for the district in which it is located.
- There shall be no modification to existing utility services to accommodate or service the home occupation.
- 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.
- 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.
- No advertisement of the home occupation shall include the residential address 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.*

Signature: \_\_\_\_\_ 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 Following project(s):  
Authorized Agent

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



# City of Victorville

## Development Department

Planning • Building • Code Enforcement • Business License

### Application and Affidavit for Exemption From Business Tax Form

14343 Civic Drive  
PO Box 5001  
Victorville, CA 92392

(760) 955-5072  
Fax (760) 269-0046  
businesslicense@  
ci.victorville.ca.us

**FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):** \_\_\_\_\_  
*Verification of the EIN number is required. If the EIN number cannot be verified online, the applicant shall provide proof of such exemption by providing appropriate documentation from the Internal Revenue Service.*

**ORGANIZATION / BUSINESS NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PRINCIPLE PURPOSE OF ORGANIZATION:** \_\_\_\_\_

**PLEASE INITIAL NEXT TO THE CATEGORY THAT BEST REPRESENTS YOUR ORGANIZATION.**

- IRS charitable institution or organization.
- Enterprise or entertainment apportioned to a church, school or religious organization.
- Business sponsored by a bona fide fraternal, charitable or religious non-profit organization.
- Banks and financial institutions (per California Revenue and Taxation Code Section 23182).

**The following categories will require additional documentation for business license tax exemption:**

- Any doctor, lawyer, architect, dentist or other professional person as defined in Victorville Municipal Code, Section 5.04.750, not having a fixed place of business within the City who is called upon by the City, to come to the City, to render services, and whose only customer within the City is the City of Victorville. Provide proof of the requested services.
- Every honorably discharged or honorably relieved soldier, sailor or marine of the United States who is physically unable to obtain a livelihood by manual labor, and who is a voter of this State, may distribute circulars, and hawk, peddle and vend any goods, wares, or merchandise owned by him, except spirituous, malt, vinous, or other intoxicating liquor, without payment of any license tax whatsoever, providing proof of such physical disability is furnished to the City Clerk.
- Business or enterprise that may be exempt of all license taxes pursuant to State of California legislation, such as: banks and money lenders, insurers, title insurance companies, bail bond agents and any other business or enterprise not listed herein that complies with State regulations. Insurance companies must provide proof of payment to the state in-lieu of the business license. Provide an exempt status determination letter.
- Any transportation business under regulation by Department of Motor Vehicles. A Motor Carrier Permit will exempt such transportation businesses under the State of California Revenue and Taxation Code, Section 7233 – 7234 (except transporters of household goods or passengers only). Please provide a copy of your Motor Carrier Permit issued by the State of California Department of Motor Vehicles.

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above information is true to the best of my knowledge and belief, and do hereby apply for exemption from business license tax.** *Any person claiming exemption pursuant to this section shall file a sworn statement stating the facts upon which exemption is claimed; and in the absence of such statement substantiating the claim, such person shall be liable for the payment of the taxes imposed by this chapter.*

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

