



City of Victorville

Development Department

Planning • Building • Code Enforcement • Business License

Film 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):

- BUSINESS LICENSE:** Anyone conducting business within the Victorville city limits must obtain a business license. Please complete the enclosed application.
- FIRE DEPARTMENT APPLICATION FOR TEMPORARY SPECIAL EVENT:** This application must be completed and returned with the Business License application. There are additional fees associated with this application.
- INSURANCE:** The enclosed Insurance Requirements Form describes the necessary minimum insurance for filming in City limits. Please provide proof of insurance.
- WORKERS' COMPENSATION INSURANCE ACKNOWLEDGEMENT FORM:** The enclosed Official Notification Regarding Workers' Compensation Insurance Form must be completed by all business license applicants, pursuant to San Bernardino County District Attorney's office. It is only an acknowledgement form of the law; a copy of insurance is not required.
- DEPARTMENT APPROVALS:** Prior to the Business License being issued, we will require department approvals. If there will be any requirements, these departments will contact you directly.
- FILM BUSINESS LICENSE FEES DUE:** \$226.32 / \$325.88 (this amount will be determined by location and requirements). A "Total Amount Due" will be provided to you once the application has been received that will include the Film Business License fees, the Fire Department Permit fee and any additional fees listed below that apply. 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 (based on selected location and business type):

- 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. 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/.
- TEMPORARY USE PERMIT:** For locations on private property, a Temporary Use Permit is required, which includes additional fees. You will be notified if this is necessary.
- FACILITY USE AGREEMENT:** For locations on City property, a Facility Use Agreement is required, which includes additional fees. You will be notified if this is necessary.
- SCLA CONTRACT/AGREEMENT:** For locations at SCLA, a contract/agreement is required, which includes additional fees. You will be notified if this is necessary.

Please provide the Business License Division with as much notice as possible prior to filming as the Department approvals do take some time to obtain.

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

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 FEES DUE: \$226.32 / \$325.88 (amount determined by location and requirements)

By signing below, I understand that this is an application **ONLY** and does **NOT** give the right to conduct business until 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:	OCC / HOP (circle one)	
<input checked="" type="checkbox"/> Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> #:	Total Amount Rec'd: \$	
BSL#:	OCC Insp Req:	Planner:



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Business License Application, Page 2 of 2

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Business Operations Information

Business Type: Film / Photography

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: _____



San Bernardino County Fire Department

Victorville Division

14343 Civic Drive
PO Box 5001
Victorville, CA 92393-5001
(760) 955-5227
Fax (760) 269-0020
www.victorvilleca.gov

Application for Film Permit

FILM / LOCATION INFORMATION

Film Location: _____

Project Title: _____ Project Type: _____

Film Dates: _____ Film Hours: _____ No. of Days: _____ No. of Personnel: _____

Description of Activities: _____

Materials (FX or pyrotechnic) to be used (include quantity and type): _____

Special Effects Coordinator: _____ California License Number: _____

UPM: _____ Location Manager: _____

APPLICANT INFORMATION

Applicant Name: _____ Phone No.: _____

Fax No.: _____ Email: _____

COMPANY INFORMATION

Company Name: _____

Mailing Address: _____
Street City State Zip Code

Please select the applicable film type below:

FILM PERMIT

<input type="checkbox"/> Film Permit – With Hazards	\$340.00 first hour \$204.00 each add'l hour	<input type="checkbox"/> Film Permit – General	\$88.00
		<input type="checkbox"/> Technology Fee	4.8% of the listed fees

As the sponsor's designated contact person / agent, I have reviewed and completed this application and declare under penalty of perjury under the laws of the State of California, that all statements are accurate, complete, and true.

Applicant Name: _____ Signature: _____ Date: _____

NOTICE

California Law requires that employers **MUST** have Workers' Compensation Insurance on all employees, even if the employee is not legally permitted to work in this country. Even out-of-state employers may need workers' compensation coverage if an employee is regularly employed in California or a contract of employment is entered into here.

Generally, all employees of the company, as legally defined, including corporate officers and directors, must be included in the policy unless they are the sole owners of the firm, in which case they may elect not to be covered. You should consult with your attorney, insurance agent or broker, or your carrier regarding the specifics of your situation.

You can get workers' compensation insurance coverage from any of the more than 300 private licensed insurers authorized to sell such policies in California. While you can purchase the policy directly from an insurer, most policies are sold through an insurance agent or broker.

The largest workers' compensation carrier is State Compensation Insurance Fund (State Fund). If you can't find an insurer willing to cover your business, State Fund is required to provide you with coverage. The cost of insurance may now vary from carrier to carrier. Like any good consumer, you should shop around for a carrier that best meets your needs. Cost is one consideration, but there are other factors you should look at: the services they provide, how convenient will it be to work with them how familiar they are with your industry, etc. If you have a broker or agent, check with that person.

A number of factors go into determining the annual premium that your insurance carrier will charge. These include: your industry classification; your company's past history of work related injuries (known as your experience modification), your payroll; any special underwriting adjustments, such as use of a certified Health Care Organization; and any special group or dividend programs that you may be eligible for.

Workers' compensation insurance is part of the cost of doing business. An employer cannot ask employees to help pay for the insurance premium.

FAILURE TO GET WORKERS' COMPENSATION INSURANCE

If the Division of Labor Standards Enforcement (State Labor Commissioner) determines that an employer has failed to secure workers' compensation coverage, a stop order will be issued and served (Labor Code Section 3710.1). This order prohibits the use of employee labor until the coverage is obtained, and failure to observe it is a misdemeanor punishable by imprisonment in the county jail for up to 60 days or by a fine of up to \$10,000, or both. (Labor Code Section 3710.2). The Division of Labor Standards Enforcement will also assess a penalty of \$1,000 per employee employed at the time the stop order is issued and served. (Labor Code section 3722(a)).

In addition, if an injured worker files a workers' compensation claim that goes before the Workers' Compensation Appeals Board, and the workers' compensation judge finds that the employer had not secured insurance as required by law, then, when the adjudication becomes final, the uninsured employer may be assessed a penalty of \$10,000 per employee employed at the time of injury if the worker's case was found compensable, or \$2,000 per employee employed at the time of injury if the worker's case was noncompensable, up to a maximum of \$100,000 [Labor Code section 3722(b)].

Failure to secure workers' compensation insurance when you knew, or reasonably should have known, that it is required, is a misdemeanor "punishable by imprisonment in the county jail for up to one year, or by a fine of up to ten thousand dollars (\$10,000) or by both that imprisonment and fine." (Labor Code Section 3700.5)

Additionally, legal action could be taken for Unfair Labor Practices.