



City of Victorville

Development Department

Planning • Building • Code Enforcement • Business License

In-City Business License Requirements: Massage

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 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 and Fire Department. 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 inspections, contact the Building Division at inspection@victorvilleca.gov or at (760) 955-5100 and the Fire Department at fire@victorvilleca.gov or at (760) 955-5227.
- 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 or at (760) 955-5135.
 - STATE LICENSE:** You must hold a valid State License for all masseuses employed by your business, as well as an Establishment License. A copy of these documents must be provided with your application. For more information, contact the State of California Massage Therapy Council at (916) 669-5336 or at <http://www.camtc.org/>.
 - MASSEUSE LIST:** Please provide the name(s) of all State licensed masseuses employed by the business.
 - WORKERS' COMPENSATION INSURANCE ACKNOWLEDGEMENT FORM:** The enclosed 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.
 - TOTAL START-UP FEES DUE:** \$236.80. This fee covers all fees due through the first year. The Annual Business License Fees will be \$94.32. 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. 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/.
- 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/.
- 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.

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: \$236.80

Annual Fees will be: \$94.32

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:	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:	Fire Insp:
		Planner:



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Business License Application, Page 2 of 2

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Business Operations Information

Business Type: Massage

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: _____

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), 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 style="text-align: center;">CONFIRMING STAMP OR INITIALS</p>	<p><input type="checkbox"/> BUILDING PERMIT</p> <p><input type="checkbox"/> CERTIFICATE OF OCCUPANCY</p>	
	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 Stills
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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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 if 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: _____



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List of Masseuses Form

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Provide the information below for each Masseuse intended to operate in this business.

This form is to be filled out/signed by the Business Owner Only.

Business Name: _____

Business Owner: _____

Current Masseuses:

Name: _____ DOB: _____ Phone: _____

Add new Masseuses:

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Remove Masseuses:

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Vehicles (if applicable):

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

I declare under penalty of perjury that the foregoing is to the best of my knowledge and belief true and correct.

Business Owner Signature

Print Name

Date

