



City of Victorville

Development Department

Planning • Building • Code Enforcement • Business License

Out-of-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:

- BUSINESS LICENSE:** Anyone conducting business within the Victorville city limits must obtain a business license. Please complete the attached application.
- 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.
- TOTAL START-UP FEES DUE:** \$137.24. 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.

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: \$137.24

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 Req:	Planner:



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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: _____



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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